

CUMBERLAND INFIRMARY

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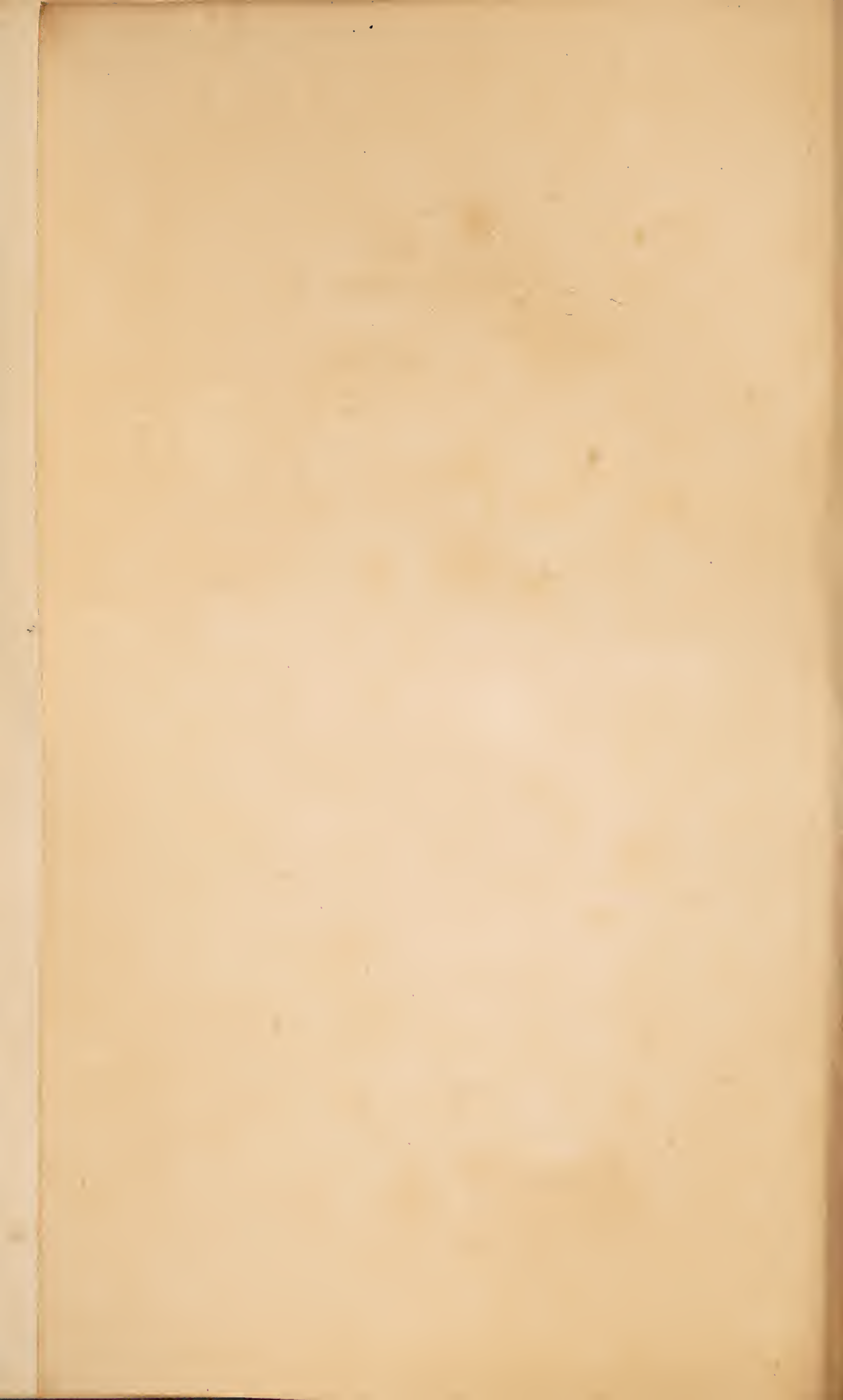
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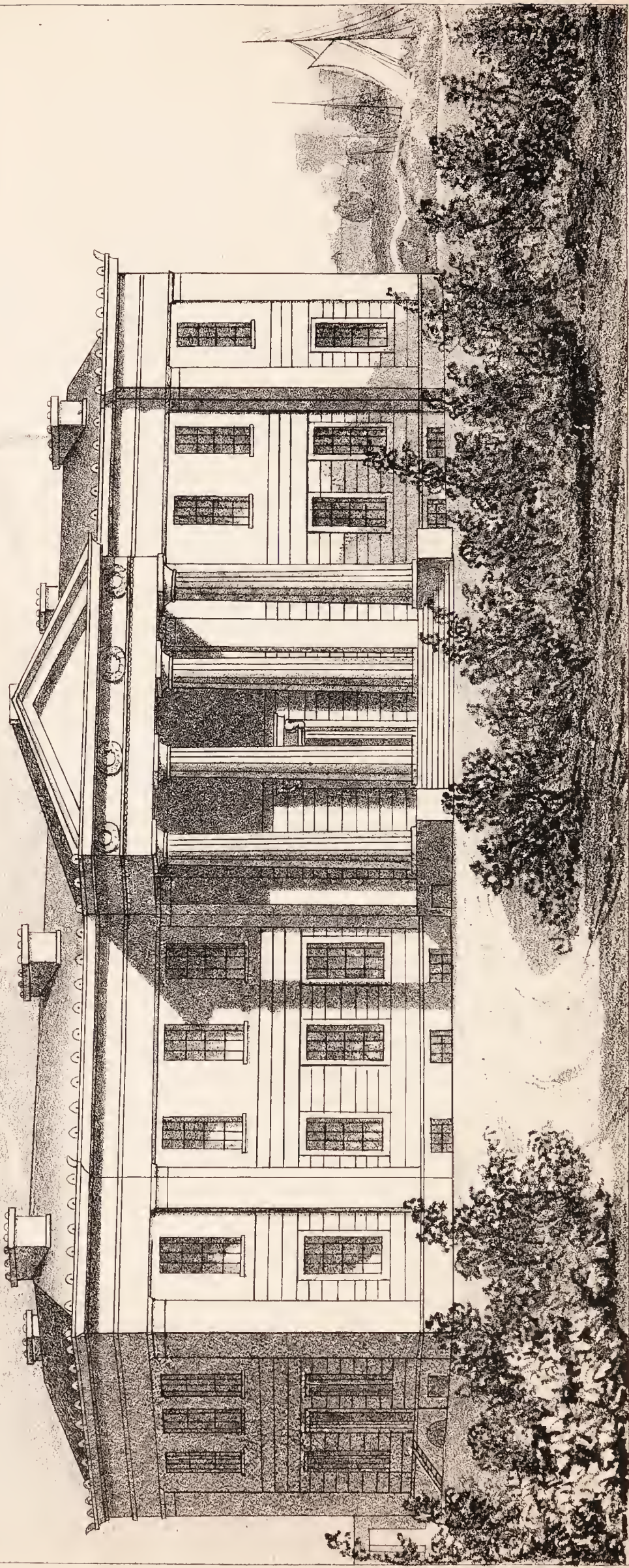
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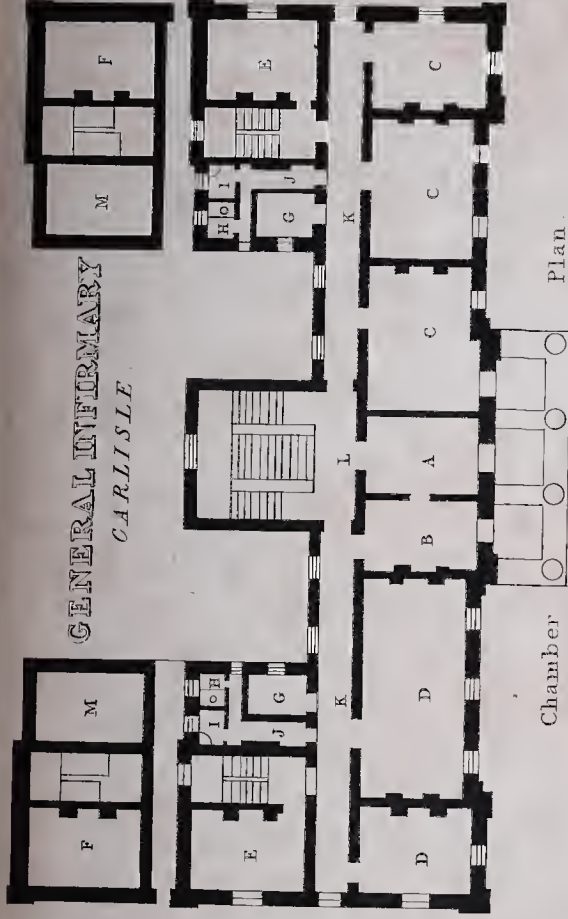




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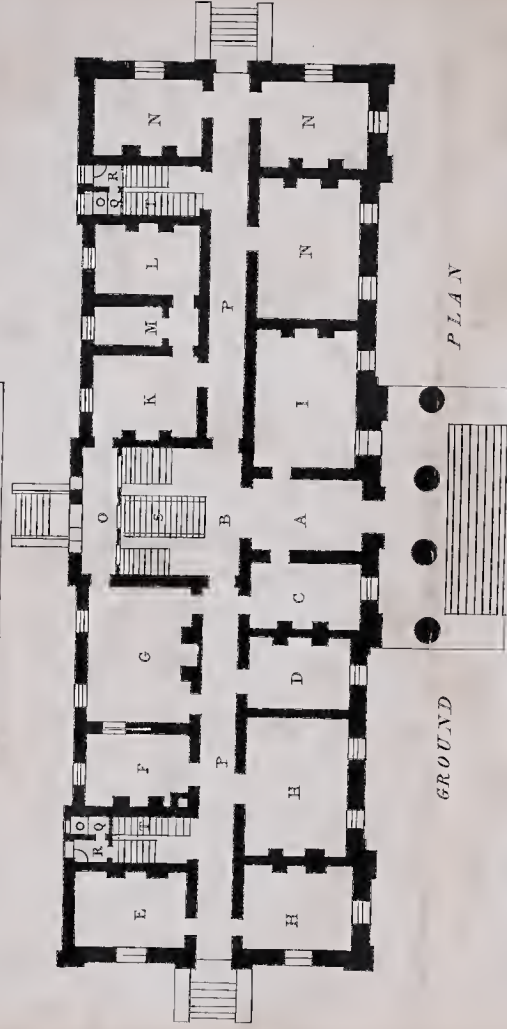
GENERAL INFIRMARY CARLISLE.

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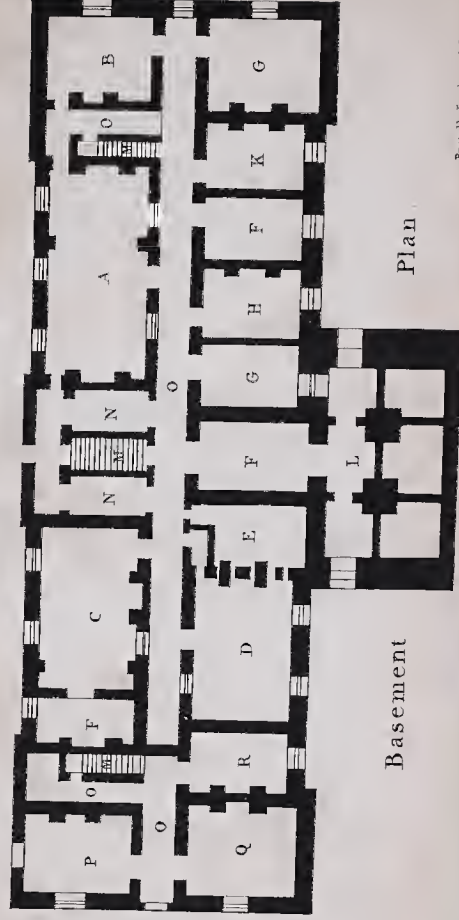
Chamber

Plan.



GROUND

PLAN



Basement

Plan



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OBSERVATIONS
ON THE
EXPEDIENCY AND ADVANTAGE
OF ESTABLISHING A
GENERAL INFIRMARY
AT CARLISLE.

BY
THOMAS BARNES, M.D. F.R.S. E.

SENIOR PHYSICIAN TO THE CARLISLE DISPENSARY AND FEVER HOSPITAL, &c.

SECOND EDITION,
WITH AN APPENDIX.

PUBLISHED FOR THE BENEFIT OF THE NEW INFIRMARY AT CARLISLE.

“Take care of him, and whatsoever thou spendest more, when I come again
I will repay thee.”—ST. LUKE X. 35.

CHARLES THURNAM, CARLISLE;
WHITTAKER, TREACHER, AND ARNOTT, LONDON;
AND ADAM BLACK, EDINBURGH.

MDCCCXXXI.



CHARLES THURNAM, PRINTER, MARKET-PLACE, CARLISLE.

TO

THE HONOURABLE AND RIGHT REVEREND

HUGH PERCY, D.D.

LORD BISHOP OF CARLISLE,

PRESIDENT OF THE COMMITTEE FOR PROMOTING THE

ESTABLISHMENT OF AN INFIRMARY IN THE

COUNTY OF CUMBERLAND;

WHO,

BY HIS ZEAL, EXAMPLE, AND PATRONAGE, HAS SO LARGELY

CONTRIBUTED TO THE SUCCESS OF THE INSTITUTION;

THE FOLLOWING PAGES

ARE RESPECTFULLY DEDICATED, WITH HIS

LORDSHIP'S PERMISSION,

BY THE

AUTHOR.



ADVERTISEMENT.

The first edition of these Observations was published above two years ago, and distributed gratuitously by the Author. An Appendix, containing some account of the proceedings for promoting the establishment of an Infirmary at Carlisle, with a description and plans of the Building, and explanatory Notes, are added to the present edition. A few alterations and corrections have been also made. The frontispiece is a perspective view of the Building copied by MR. NUTTER, from a drawing by the Architect. If any profits arise from the sale of this edition, they shall be applied to the funds of the Infirmary, and if it shall be found in any degree to promote the advantage of the institution, the views of the Author will be accomplished.

Carlisle, Jan. 27th, 1831.

P R E F A C E.

SOME of the Observations contained in the following pages, have already appeared in the Carlisle Newspapers, in the form of letters addressed to the Editors. The writer, in laying his sentiments again before the public, does so, more from a sense of duty, than from any wish to obtrude them upon the public notice. Convinced of the advantages of Infirmaries, and of the great want of such an institution in Cumberland and Westmoreland, he would have been dissatisfied with himself had he remained silent, and not endeavoured to impress on the public mind, the eminent utility of these institutions, their importance to the well-being of society, and the advantages that would result from the establishment of a General Infirmary in this City.

Carlisle, August 9th, 1828.

CONTENTS.

OBSERVATIONS.

	PAGE.
The importance of health to the poor - - - - -	7
The advantages of Public Hospitals - - - - -	9
The distresses of the poor in time of sickness - - -	11
Some account of the Hospitals of Paris - - - - -	13
Historical notice of the Hospitals and Epidemic diseases of England - - - - -	14
The London Hospitals - - - - -	16
The Edinburgh and Dublin Hospitals - - - - -	18
Provincial Hospitals - - - - -	19
The want of a Public Infirmary in Cumberland and Westmoreland - - - - -	22
Carlisle the best situation for a General Infirmary - -	24
The utility of small Infirmaries at Whitehaven and Kendal - - - - -	25
Hospital Regulations - - - - -	26
Privileges of patients, coming from a distance - -	<i>ibid.</i>
The establishment of the Edinburgh Infirmary recom- mended as an example - - - - -	28
Appeal in behalf of a General Infirmary at Carlisle -	29
The benefits that would accrue to the public from such an establishment - - - - -	30
Both the bodily and spiritual wants of the inmates at- tended to - - - - -	<i>ibid.</i>
On the construction of Hospitals - - - - -	32
Discrimination and selection of proper objects - - -	33
Arrangement of patients - - - - -	35
The Carlisle Dispensary not adequate to the present state of Carlisle - - - - -	<i>ibid.</i>

An Infirmary would possess all the advantages of the	
Dispensary - - - - -	36
The Legacy of the late Thomas Parker, Esq. of Warwick	
Hall - - - - -	37
The present medical charities of Cumberland and West-	
moreland - - - - -	38
Similar institutions recommended - - - - -	39
Self-supporting Dispensaries - - - - -	40

APPENDIX.

The ceremony of laying the foundation stone of the In-	
firmary at Carlisle - - - - -	43
Description and plans of the Building - - - - -	45
Remarks on its construction - - - - -	47
Medical Library and Museum - - - - -	48
Proceedings and Resolutions, of Public Meetings, &c. <i>ibid.</i>	
Report of the Committee - - - - -	56
NOTES - - - - -	58

OBSERVATIONS,

&c.

“Homines enim ad deos nulla re proprius accedunt, quam salutem hominibus dando. Nihil habet nec fortuna tua majus quam ut possis, nec natura tua melius quam ut velis, conservare quam plurimos.”

CICERO.

It may be considered superfluous to attempt to prove the value of health to the industrious poor, or to describe their affliction and distress when visited with disease. Those in the higher classes, who have suffered the pains of disease, when possessed of the means of alleviating their severity, and when surrounded with every comfort and convenience that affluence can afford, will readily conceive how much such sufferings must be aggravated, when accompanied with indigence; they will also be able to appreciate the value of health, and the utility of institutions that restore this, the greatest of blessings, to the industrious poor.

In endeavouring to draw the attention of the affluent to the distresses of the indigent, it may not be necessary to present to them

any romantic or imaginary pictures of distress. I would recommend to their attention facts of every-day occurrence. I would wish them to visit the abodes of the indigent, and there examine the condition of the suffering and the helpless; and I would solicit them to take their claims into serious consideration. If any man would give himself the trouble of examining real objects of misery, he would find them as interesting and affecting as those described in works of fiction: his kindly affections would not then be influenced by a blind impulse, by a visionary and enthusiastic philanthropy: he would be guided in all his actions by a rational and enlightened benevolence, a benevolence that would not only interest him deeply in the miseries and misfortunes of his fellow-creatures, but would induce him to use strenuous exertions for their relief, and for the promotion of their welfare and happiness.

The lower and working classes, contain the most numerous members of society, and when considered as the sinews of wealth, and the source of the necessaries and conveniences of life, rank also among the most useful. In those classes are many persons, subject, from their occupations, from accidents, and their modes of living, to much sickness and misery, and, who are deserving objects of our compassion.

Should we wish to assist them, we must supply them with the means of recovery, and this is too much for individual charity to accomplish. We must therefore unite and co-operate in the undertaking, and we shall find, that there are no charitable institutions so well calculated for the purpose, and few productive of so much good, or so extensively useful, as Public Infirmaries and Dispensaries. These institutions are wholly devoted to the removal and alleviation of human suffering; they bestow their benefits on the most proper objects, at a time when these benefits are most wanted, they administer relief to the poor when afflicted with disease, and the number relieved by them, is perhaps greater, in proportion to the expense incurred, than by any other form of charity.

Most persons in the lower classes, when in health, can, by their own industry, support themselves and their families; but, when labouring under disease, are incapable of obtaining the assistance and accommodation necessary for their recovery. The houses of the poor generally consist of small rooms which are badly ventilated, some of them damp and cold, and the occupations of the poor prevent their giving the sick that constant attention which they often require. In a Public Hospital, patients have many and great advantages:—they have sufficient space and

ventilation; they are regularly attended by a physician or surgeon; they have experienced nurses appointed to wait upon them; they have proper medicines punctually administered; a suitable diet is provided for them; and all their wants and necessities are carefully and strictly attended to. Operations can be more successfully performed, and the treatment afterwards required can be better conducted.

Besides these important benefits, there are various others, which the poor not unfrequently derive from residing in a Public Hospital:—their minds and morals are improved; the habits of cleanliness, economy, neatness, and order, observed in Hospitals, have often a beneficial effect upon them; they carry home with them these habits; and, with renewed health, they also frequently carry home religious impressions of the greatest consequence to their future happiness.

The humanity of our laws has wisely made a provision for the poor; but, in time of sickness, that provision generally comes too late, and seldom or never comes with real efficacy. Gratuitous medical aid, given on occasions of this kind, would often be a great saving to parishes, for when a poor man is deprived of health, he is deprived of the power of earning a livelihood for himself and his family, and is

under the necessity of applying to a parish, for both attendance and sustenance.

It not unfrequently happens, when a member of a poor family is seized with severe sickness, or meets with a violent accident, that the industry of the family is suspended, their minds are depressed, their little savings, if they have any, are soon dissipated, and they are reduced to the greatest poverty and distress. Now, if assistance was provided for persons so situated, these unhappy consequences would be averted, the parishes would be often prevented from bearing a troublesome and expensive burden, and much would be added to the comfort and prosperity of the people.¹

Among the various methods of administering relief to the several wants and necessities of the sick poor, Infirmaries offer the most effectual. It is not an uncommon occurrence, in populous districts, for a large family to reside in a small room; and for two or three members of it to be confined, by disease, to one bed; sometimes they are huddled together without a bed to lie upon, or clothes to cover them. In these situations, their complaints are aggravated by confinement, by filth, by cold, by breathing bad air, and by having improper food given to them; and they do not receive that regular and punctual attention which they would in a Public Hospital. It

must be admitted by every one that their small and noisome habitations are often injurious to them, and are at no time so well calculated to promote their recovery, as the commodious, quiet, and airy wards of an Hospital. This alone is an obvious and important advantage, and the practice of a physician or surgeon is more successful with patients, who enjoy, in well aired apartments, the advantages of rest and quietness, than with those who are obliged to remain in noisy and crowded rooms.

Perhaps the best way of forming a good idea of the sufferings of the sick and maimed poor, and of being able to judge correctly concerning the necessity and utility of a Public Infirmary, would be to suppose ourselves placed in the same situation and circumstances, and conceive their sufferings and distresses to be our own. If men, who are actively engaged in either the business or pleasures of the world, would, for a moment forget their engagements, and look around them, they would soon observe much distress and misery, and could not fail to find many objects well deserving their commiseration and succour.

It fortunately happens for suffering humanity, that Providence has implanted in the human breast, a disposition to sympathize with our fellow-creatures in affliction, and we are prompted, by the same benevolent disposition,

to soothe and relieve them. As a recompence, we find, that the pleasure arising from the exercise of this feeling or disposition to be of the purest and most exalted kind.

In some countries, Hospitals are considered of so much importance, that they are made national establishments, and are supported by the Government. In France, this is the case. In England, on the other hand, they are founded and supported by the liberality of private individuals. The only exceptions with which the writer is acquainted, (if they can be considered exceptions) are Greenwich and Chelsea Hospitals, which were erected at the public charge: the first for the maintenance of invalid seamen, and the latter for invalid soldiers. All the civil Hospitals in Paris are directed by the "Conseil Général des Hospices, &c." which was the project of M. le Comte Frochet, Prefect of the Department of the Seine, and it is but justice to say, that they are well organized, and well conducted. The writer of these pages can bear testimony to the great order, regularity, and cleanliness observed in them. The physicians and surgeons are men of great eminence in their profession, and most of the nurses are members of a religious order called "Sœurs de la Charité," who devote themselves through life, without fee or reward to acts of charity,

and particularly to personal attendance upon the sick. This Council was formed soon after the revolution of 1790, and the happiest effects have resulted from its labours.

The Hotel Dieu, is the largest Hospital in Paris, and probably the most ancient in Europe. It contains 1262 beds, and was first established in the seventh century. The number of beds for the men is 674, and for the women 588; these are distributed in 23 wards, 11 for men and 12 for women. This Hospital is situated in the centre of Paris, and the superficies of its buildings covers four acres of ground.

La Pitie contains 600 beds placed in 23 wards, 357 for the men and 243 for the women. La Charité has 300 beds, 100 for women and 200 for men. Saint Louis, the finest Hospital in Paris, is destined to the cure of chronic maladies, such as scald head, itch, herpes, and other affections of the skin. It has 1000 in-patients. Besides these, there are Hospitals for the diseases of infancy and of old age, Hospitals for incurables, for lunatics, &c.

In this kingdom, very few Hospitals were established, until a considerable time after the Reformation. There were Hospitals, it is true, in the tenth and eleventh centuries, in several parts of the country, for the exclusive relief of poor persons afflicted with leprosy,—though it

is probable, that persons having other cutaneous eruptions, were often deemed leprous, and admitted into them. At St. Nicholas, near this city, an Hospital was instituted for the reception of thirteen lepers, of both sexes, and was said to be of royal foundation. The disease abated in its violence during the twelfth and thirteenth centuries, and the revenues of these Hospitals being much abused, they were appropriated to other purposes. Leprosy, as well as the plague, dysentery, and some other complaints that are common in warm climates, formerly prevailed to a great extent in this country. The sweating sickness, (a sort of pestilence that was sometimes fatal in one hour, and often in two), committed dreadful ravages in it, in the fifteenth and sixteenth centuries. In the years 1597-98, the plague infested this island; it raged at Carlisle, and also at Penrith and the neighbourhood, with great violence, for several months, and was very mortal. No cases of this malignant malady have occurred in England since the deplorable periods of 1665-66. Instances of leprosy, dysentery, and scurvy, and of intermittent and remittent fevers, are still occasionally to be met with, though they rarely prove either formidable or fatal. Typhus may now be considered the ordinary fever of our island;

it occurs at all times and seasons, and is sometimes epidemic.

Before the Reformation, there were numerous monasteries in different parts of the country, which afforded relief to the sick and lame poor. Many of them had endowments, and appropriate apartments for this purpose, and the medical superintendence was undertaken by the monks. When the great abuse and corruption of these religious houses were discovered, and their dissolution was effected, the poor were deprived of their benefits, and it was not until the last century, that new institutions were founded for the accommodation and treatment of the sick.

Hospitals are now very generally established throughout Great Britain, and wherever they have been established, the greatest benefits are experienced. In the Metropolis are several large Hospitals, some of which are supported by voluntary contributions, others have ample funds from benefactions and bequests; some possess property in lands, or in the public funds, and do not depend on annual subscriptions. Among the larger Hospitals, are St. Bartholomew's, St. Thomas's, and Guy's. The first was originally founded by Rahere, Prior of the Black Canons of St. Bartholomew, in the year 1102. It was rebuilt by voluntary subscription

in 1730, and accommodates 500 in-patients. The number of in and out-patients amounts to about 10,000 each year. The second was originally founded by Richard, Prior of Bermondsey, in the year 1213. It was rebuilt by subscription in 1693, and considerably enlarged in 1732. It contains about 440 in-patients, and has about 800 out-patients. The number of in and out-patients relieved annually, is about 22,000. Guy's Hospital was founded in 1721, by a merchant of that name; it contains upwards of 400 beds. The number of in-patients is about 2,250 annually, that of out-patients 2,000. Besides these, there are the London, the Westminster, the Middlesex, and St. George's Hospitals. There are also the Seamen's Hospital; the Hospital for Sick Children; many Lying-in Charities; and several Hospitals for particular complaints; such as for contagious fever, for insanity, for diseases of the eye, of the ear, of the lungs, &c. There are also, in London, above 30 Dispensaries for gratuitously supplying the poor with medicines, and medical advice, and when it is necessary, with attendance at their own habitations. These last are very useful, and not expensive charities; they are highly deserving of support, for there are always many poor persons too ill to be removed from their homes, and there is no other way, in which so much

good can be done, at so little expense. Dispensaries are now to be met with in almost every populous town of the empire, and are, for the most part, supported by annual voluntary subscriptions.

At Edinburgh, the Royal Infirmary is the only general Hospital. It contains about 260 in-patients. There are also in that city a small Hospital for surgical cases, a Lying-in Hospital, and two Public Dispensaries. The Infirmary, I understand, is about to be much enlarged.

Dublin possesses several Hospitals of considerable size: the principal of which are Stephen's Hospital, which is capable of receiving 300 patients; the Royal Military Infirmary containing 187 patients; Sir Patrick Dun's Hospital 100; and Mercer's Hospital about 40 or 50: there are also the Charitable Infirmary, the Lying-in Hospital, the House of Recovery or Fever Hospital, Whitworth Hospital, and a few more similar institutions on a smaller scale. Here are also an Eye Infirmary, and several Dispensaries. Some of these institutions have been endowed by individuals, and several of them are supported by private subscriptions and donations, aided by parliamentary grants; but a great portion of their funds are supplied by collections made, after charity sermons, in churches, chapels, and meeting-houses.

In various parts of the United Kingdom are large provincial Hospitals. Liverpool, Manchester, Leeds, Hull, Glasgow, Newcastle, &c., have large and convenient Hospitals, and many towns of less size, have Hospitals on a smaller scale. They are in general well supported by voluntary subscriptions. Some of them have considerable endowments, and funds, arising from donations and testamentary bequests. As the value of land for the site of an Infirmary varies much in different places, and as the expense of building, and of building materials, are also very different, we cannot expect to obtain much useful information, from other places, on these heads. From the small provincial Hospitals only, can we hope to learn the probable expense of establishing such an institution as is wanted here.

The following Table contains the size, time of erection, extent of land, and original cost of a few of the smaller provincial Hospitals.

INFIRMARY.	Year of Erection.	No. of Beds.	Extent of Land.	Expense of Building.
			Acres	£
Hereford	1766	70	8	4000
Salisbury	1766	80		8000
Birmingham	1766	100	2½	
Leeds	1768	24		4600
Lincoln	1769	40	2½	3643
Norwich	1772	100	4	17000
Hull	1782		2	4000
Northampton	1793	90		10000
Sheffield	1793	80	31	17000
Derby	1807	80	9	
Newcastle-under-Line	1815	45	11	7600
Colchester	1820	62	3	5700

The population of these places was of course much less, when their Infirmaries were erected, than at present, and many of the original buildings have been enlarged and improved, so as to meet the wants of an increased population, by affording accommodation and comfort to the increasing number of sick poor. To the Leeds Infirmary, for instance, great additions were made in 1819, and a quantity of land adjoining, was purchased, to protect it from the annoyance that would arise from the erection of buildings in its vicinity. In the course of the last ten years, the annual number of patients in this Hospital has been doubled, and the number of beds, which was originally 24, has now increased to 130.

Infirmaries have recently been erected at Chichester, Stamford, Bury St. Edmunds, and Bedford, of such dimensions as to correspond with the wants of the diseased poor, and the resources of the districts. One is now being built at Huddersfield for 40 patients: the contract amounts to about £4,000.

The annual expense incurred in supporting an Infirmary, will depend upon the number of patients, the system of domestic economy pursued, the price of provisions and of medicines, &c., and will of course vary, as prices, and the number of patients fluctuate. The following Table has been drawn up from the

annual reports of the several Infirmaries therein named, and contains interesting information on the subject of Hospital expenditure. Some of the reports, it will be observed, are of different years, not having been able to procure them all for the same year.

TABULAR VIEW of the Annual Expenditure of several PUBLIC HOSPITALS, with the number of Patients admitted during one year, and the number in each Hospital at one time.

INFIRMARY.	Year.	No. of In-Patients.	No. of Out-Patients.	Total Expenditure for the Year.			No. of In-Patients at one time.
				£.	s.	d.	
Dumfries	1822	384	1739	855	9	8	36
Glasgow	1825	2629		4762	13	0	220
Newcastle	1827	1063	848	2554	5	7	115
Durham	1824	96	639	635	5	1½	10
York	1823	357	486	1541	6	9½	39
Leeds	1825	1574	3507	5000	0	0	227
Sheffield	1824	768	2265	2009	16	2	48
Lincoln	1827	262	97	960	2	0	20
Manchester	1821	1151	12862	5672	13	6	84
Derby	1827	670	853	2812	2	6	63
Leicester	1828	997	1768	2309	19	1	51
Stafford	1826	614	747	2265	1	4	52
Birmingham	1828	1671	3049	3593	3	4	131
Salop	1827	781	2060	2041	3	11	61
Hereford	1826	329	537	1388	11	1	49
Taunton & Somerset	1827	192	916	906	0	4	24
Devon and Exeter	1827	1001	376	4284	4	11	164
Gloucester	1828	688	440	1699	18	3	150
Salisbury	1827	785	1381	2234	16	2	73
Chichester	1828	223	852	1342	19	9	29
Kent and Canterbury	1826	427	769	1808	11	7	44
London	1827	2181	6150	11128	19	8	276
Essex & Colchester	1826	250	212	1066	1	6	36

With regard to the expense of in-patients, it has been computed, that at the Bristol Infirmary, which contains about 200 beds, the annual

expense per bed is about £26. At the County Hospital at Winchester, containing about 80 beds, the annual expense per bed is about £28. At the Exeter Infirmary, the annual expense per bed is about £23. At Lincoln it is about £26. As many circumstances tend to vary the amount of expense, it is impossible to make an accurate calculation of the cost of an in-patient; or the annual expenditure of an Hospital in this neighbourhood. Instead, therefore, of stating conjectures, I have preferred the more tedious, but, I trust the more useful task, of collecting facts, and I have no doubt, that an Hospital can be erected and supported here, at as little expense as in any other part of England.

A Public Infirmary is much wanted, not only for the necessitous sick poor of Carlisle, but also for those of Cumberland and Westmoreland; for there are, at all times, many persons in both counties, labouring under severe diseases, who would be materially benefited, and, in great probability, restored to health, could they readily avail themselves of such a charity.

It is a remarkable circumstance, and often strikes strangers with surprise, that neither county should possess an Infirmary. Both abound with charitable institutions of almost every kind; yet the institution that is, perhaps,

less exceptionable, and less liable to imposition, than any other, and would confer great advantages upon objects the most deserving of charity, has not been established in either. There can be no doubt, that many useful and industrious persons, in various parts of Cumberland and Westmoreland, would, every year, be saved to their families, to their friends, and to the community, if received into an Hospital, who are now lost, by being placed in situations and circumstances adverse to their recovery.² Humanity, benevolence, and Christianity, plead their cause, and call loudly for the aid of all who possess the means of relieving them.

The poor, when labouring under the complicated affliction of want and disease, are objects deserving the sympathy and assistance of their more fortunate brethren, and an institution founded and established expressly for their relief, would, it is trusted, meet with general approbation.

This country stands conspicuous above all other nations of the world for its public charities; and, if we may judge by the manner, in which various charitable institutions in Carlisle and the neighbouring country are supported, we cannot have a doubt, that an establishment, calculated to mitigate and cure the sufferings and diseases of the lower classes, and to enable them to resume their occupations, will not fail

of meeting with sufficient patronage. It is an institution in which the lives, the health, the interests, and the happiness of so many persons are concerned, that, if it were once commenced, would soon attract the attention of the public, and obtain effectual support.

As there is no town of consequence near the centre of these counties, a difference of opinion may arise with respect to the best situation for a General Infirmary, which, if properly conducted, would be of essential service to both. Carlisle being the centre of a district of great population and importance, being also the county town of Cumberland, and more populous than any other town in either Cumberland or Westmoreland, affords the best situation for such a charity. The free and frequent communication which it has on all sides with the surrounding country, and the large and populous towns of Wigton, Longtown, Brampton, and Penrith, as well as many considerable villages, being situated at short and convenient distances, give it great advantages. The Carlisle Canal will supply an easy and cheap conveyance for the sick from the western part of the county, and the rail-road between Newcastle and Carlisle, when completed, will furnish an equally convenient and cheap conveyance from the east. I am well aware, that it has long been the intention of several be-

nevolent inhabitants of Whitehaven, to establish an Infirmary there; and it may be said by some of them, that Whitehaven is at too great a distance to be benefited by an Infirmary at Carlisle.

A small Infirmary at Whitehaven, to which patients affected with acute diseases, or, who have met with accidents requiring immediate chirurgical aid, could be removed, would undoubtedly be a very useful institution.³ An Infirmary, on a small scale, if attached to the Whitehaven Dispensary, would be large enough for these purposes,—and many poor persons in the western part of the county, notwithstanding this, might be brought to the General Infirmary at Carlisle. It has long been the custom, in various parts of Cumberland, to send patients to the Edinburgh, Newcastle, and Dumfries Infirmaries, all of which are at greater distance than Whitehaven is from Carlisle. Many persons, labouring under chronic and inveterate diseases, or under maladies of whatever kind, that would not be aggravated by removal, might be taken to Carlisle. The same may be said with regard to Kendal. A small Infirmary, or a few rooms attached to the Dispensary there, for the reception of accidents and acute diseases, would be attended with incalculable advantages, and poor patients, affected with diseases,

which do not prevent their being removed to a distance, whether residing in Kendal, Appleby, or in any other part of Westmoreland, might be brought to the General Infirmary at Carlisle; which would thus extend its benefits to the sick poor of both counties.

Patients, coming from great distances, might have peculiar privileges, as is the case in some Infirmaries. The following are the Rules of many Hospitals, and might be adopted here.

“ When there shall be want of room in the Infirmary for the admission of such as are properly recommended and qualified to be in-patients, the preference, in cases of equal exigency, shall be given ;

“ 1st. To those who live at the greatest distance.

“ 2nd. To those recommended by such subscribers, or benefactors, as have not recommended any in-patients within the year.

“ 3rd. To those recommended by the largest contributors.

“ Those who cannot be admitted, shall be entered in the books as in-patients, and received into the house, before any other in equal necessity, upon the first vacancy; and, in the meantime, they shall be treated as out-patients.”

If these, or similar rules were adopted, poor persons residing at a distance, would derive

advantages nearly equal to those of Carlisle itself.

In order to prevent the patients becoming burthensome to the parishes at Carlisle, after they have been discharged the Infirmary, it will be necessary, that all persons recommended as in-patients, should bring a certificate signed by the overseers of the parish to which they belong; or by some responsible person, who will undertake to remove them, on notice being given, and to pay the funeral expenses in case of death.

This great desideratum, a Public Infirmary, has long been severely felt by the poor, and as candidly acknowledged by the rich. It is a matter of general concernment, and if a beginning was once made, there can be little doubt that the institution would soon be established, and still less that it would meet with very general support and patronage. In other places, Hospitals are in a flourishing condition; why should one fail here?

A question has often arisen among those who are convinced of the expediency and utility of establishing an Infirmary at Carlisle, and are strong advocates for the institution: it is asked, should it be a City or County Infirmary? Now, in my opinion, it should neither be the one nor the other; it should neither be confined to the City, nor to the

County, nor to any particular district: though it would be more particularly useful to the poor inhabitants of Cumberland and Westmoreland—it should be open for the reception and relief of the sick poor of any county or nation, without regard to sect, party, or colour. Subscribers should have the privilege of recommending patients in proportion to their subscriptions, and no distinction should be made as to the residence of patients, or the county, or country, to which they belong, provided they be proper objects of charity, and regularly recommended by subscribers.

As an example of unanimity and public spirit displayed in establishing an institution of this kind, I would direct the attention of the inhabitants of Carlisle and the neighbouring country, to the Edinburgh Infirmary, and would recommend it to them as well worthy of their imitation. “They have likewise an Infirmary at Edinburgh,” says Dr. Moore,* “which is a good building: it is well founded, and very convenient both for the patients and the chirurgical operations. The building was erected by the inhabitants, and they undertook it with great spirit; the proprietors of many stone quarries made presents of stone; others of lime; merchants contributed timber; car-

* Mr. Hamilton Moore's Collection of Voyages and Travels, p. 1064.

penters and masons were not wanting in their contributions ; the neighbouring farmers agreed to carry the materials gratis ; the journeymen masons contributed their labours for a certain quantity of hewn stones ; and as the undertaking is for the relief of the diseased, lame, and maimed poor, even the day-labourers could not be exempted, but agreed to work a day in the month, gratis, towards the erection. The ladies contributed in their way to it ; for they appointed an assembly for the benefit of the work, which was well attended, and every one contributed bountifully.”⁴

The establishment of a General Infirmary in this neighbourhood, will depend on the liberality of the public. The principal object of these observations, is, to direct public attention to the subject ; and, the writer appeals with great confidence to the wealthy and humane, to give the institution that encouragement and support, to which, by its great merits, it is so eminently entitled. By establishing an Infirmary, the founders will both provide an asylum for the sick, and leave an imperishable monument of their own charity and benevolence. The traveller, instead of expressing surprise and regret at the want of such a charity, might then, with truth, exclaim in the language of the poet :—

“———Lo ! a goodly Hospital ascends,
In which they bade each lenient aid be nigh,

That could the sick-bed smooth ;—
 It was a worthy edifying sight,
 And gives to human kind peculiar grace,
 To see kind hands attending day and night,
 With tender ministry from place to place :
 Some prop the head, some from the pallid face
 Wipe off the faint cold dew's weak nature sheds ;
 Some reach the healing draught, the while to chase
 The fear supreme, around their soften'd beds,
 Some holy man by prayer all opening heaven dispreads."

THOMSON.

It may be reasonably supposed, that some advantages will accrue to the public, from the experience and knowledge the institution will afford its Medical Officers. They will have a good opportunity of judging of the operation of remedies, and of the merits of different modes of medical and chirurgical treatment. Many improvements have been made in medicine and surgery in Public Hospitals, and every improvement is a general good. It is beneficial both to the rich and the poor ; but to the poor, more particularly, and more extensively, from their forming the most numerous class of society, and consequently, being the most frequent objects of it.

In an Infirmary, both the bodily and spiritual wants of the inmates are attended to. As the Faculty that would be appointed to the institution in Carlisle, would give their services gratuitously, it may be expected that some of the Clergy of the city would visit the patients,

and perform Divine Service in the Infirmary, as often as considered necessary.⁵ A visiting chaplain may, or may not, be appointed, as judged proper from the state of the funds, and the number of patients. In time of sickness, mankind are all brought to reflect on the uncertain tenure of their existence, and a sense of guilt sometimes aggravates the depression of disease. During convalescence, the mind is often peculiarly susceptible of receiving religious impressions, and, when the previous disease has been the consequence of vice, is sometimes seized with compunction and remorse; this is a seasonable opportunity for instilling the consolations and precepts of religion, which, in some instances, constitute a remedy of sovereign virtue. The Clergy, in these cases, may be considered the physicians of the soul; it is their duty to comfort and fortify the mind under affliction. They can

“ ———minister to a mind diseas'd;
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And, with some sweet oblivious antidote,
Cleanse the foul bosom of that perilous stuff
Which weighs upon the heart.”

SHAKSPEARE.

While the Faculty are endeavouring to cure the diseases of the body, the Clergy will be administering to the wants of the soul, and

though the former may be unsuccessful, and death inevitable, the object of the latter may be gained—the immortal part may be preserved to a happy eternity.

In order to promote and establish an Infirmary in Carlisle, perhaps the first step should be to convene a public meeting to deliberate on the subject, and to commence a subscription.⁶ A piece of ground should be obtained in a convenient and eligible situation,⁷ and a suitable building erected. The building might be of such a description as would be both useful and ornamental, and would remain a permanent memorial of the humanity and benevolence of its founders.⁸ As great improvements have been made, during the last few years, in the construction and arrangement of Hospitals, a Committee should be appointed to procure and examine the plans of various modern Hospitals. Those Hospitals are considered the most convenient, that are divided into small wards, though they are not the most economical, as more nurses are required to attend them. An Hospital containing both small and large wards is perhaps the best. Small rooms are very useful for patients who require perfect quiet; and also for those who are delirious or in a dying state, as they disturb and alarm the others when placed among them in a large room. An Hospital should

be so constructed, that its temperature and ventilation could be regulated according to the different seasons of the year, and rendered suitable to the state of the diseases of the patients. A free circulation of air is at all times proper; but it should not fall upon the patients in currents. The plan of the Derbyshire General Infirmary is excellent, and may be recommended as a model. The building is also neat and elegant. The modes of warming, ventilating, washing, drying, and cooking, adopted in this Infirmary, are very justly held in general admiration.⁹

The principal design of an Infirmary being, to receive into its wards the sick poor who are destitute of the means of support, and whose complaints cannot be successfully treated at their own houses, and to afford them such assistance as may be conducive to their recovery; great discrimination will be required in selecting proper patients for admission, for, should persons who are of ability to pay for their cure be admitted, the funds of the charity will be injudiciously expended, the power of relieving the destitute will be diminished, and those patients who are proper objects for admission will be excluded. Every Subscriber ought, therefore, to inform himself of the circumstances of the person he recommends. Patients, who are able to support themselves,

and to pay for medical advice and assistance, should not be recommended. If a wise code of statutes and rules for the government of the Infirmary were adopted, this difficulty would, in a great measure, be obviated, and the institution might be very easily put under a regular and economical system of management.

Diseases, capable of speedy relief, are the most proper to be received into an Infirmary ; because it is the intention of such an institution to relieve as great a number of patients as possible. Patients, having chronic diseases which afford little hope of a radical cure, should not be admitted, as they are capable of equal relief as out-patients, and would occupy the room which would otherwise give most essential relief to perhaps several patients, in rapid succession, labouring under diseases which are most proper to be admitted into an Infirmary. Patients, affected with severe and dangerous diseases that require great care and attention ; also, persons that have met with violent accidents ; or are labouring under diseases requiring surgical operations, will be suitable objects. No persons should be admitted whose complaints can be treated with the same success at their own houses, and no patients should remain longer in the Hospital than they are likely to be benefited. It is usual, also, in Public Hospitals, not to admit as in-

patients, women in an advanced stage of pregnancy; children under six years of age, except in cases of fractures, and such as require surgical operations; persons labouring under insanity; confirmed epilepsy; cancer not admitting of operation; small pox, or other infectious distempers; persons apprehended to be in a dying state, or judged to be incurable; or if inadvertently admitted, they are not suffered to continue unless such patients be too ill to be safely removed. In an Infirmary, the patients may be arranged according to their sex, and the similarity of their diseases; the medical, can also be separated from the surgical cases.

Carlisle has had a Dispensary for many years, and much good has undoubtedly resulted from it. There need not be a more satisfactory proof of its usefulness, than the great number of patients that have been admitted to its benefits. For nearly thirteen years, the author of these observations was the Physician in Ordinary to the Carlisle Dispensary, and during that period there were more than 35,000 patients.¹⁰ Yet, although the advantages which the industrious poor of this city and neighbourhood derive from the Dispensary are numerous and extensive, it is not adequate to the present state of Carlisle, and the neighbouring country. The population has

considerably increased; and there are many cases of severe and inveterate disease that could be cured in an Infirmary, which scarcely receive any benefit from the Dispensary. Poor persons, when recommended by a subscriber, are supplied with medicines, and medical advice, by the Dispensary. But sometimes the sick and destitute require more for their recovery than medicines and medical advice; medicines are often of no avail without proper food, clothing, washing, nursing, lodging, and other requisites, which are never furnished by a Dispensary. A small Infirmary in Carlisle, would be a much more useful institution; for, while cases of difficulty and danger were received into its wards, it would possess all the advantages of a Public Dispensary. There is no occasion, at present, to have two separate institutions. An Infirmary has usually all the accommodations necessary for a Dispensary, so that little or no additional expense would be incurred in the building: the same offices would serve both charities.

The present Dispensary requires the constant attendance of an apothecary, who has a regular salary: if he were to reside in an Infirmary, he would answer all the purposes of a house-surgeon, and also be able to attend to the duties of the apothecary to the Dispensary. At present, the patients of the Dispensary are

divided into two classes, home-patients and out-patients. Home-patients, are those who are visited by the medical attendants at their own habitations; and out-patients, are those who are able to come to the Dispensary to receive medicines and medical advice. If an Infirmary were established, there might still be the same two classes of patients, and to them a third class would be added, consisting of patients admitted into the House, who would be called in-patients; so that an Infirmary would combine all the advantages of a Dispensary, with those of an Infirmary.

The subscribers to the Carlisle Dispensary may possibly, in a short time, erect a New Dispensary House; and if one were built, there should be rooms in it suitable for the residence of the apothecary. Besides the protection and security he would give the premises, it would be a great convenience, and would be advantageous both to the patients and to the apothecary, were he to reside in the House. Now, instead of building a Dispensary House, a small Infirmary would be much more desirable, and might be made useful, not only to Carlisle, but to the sick poor of both Cumberland and Westmoreland.

A grateful and respectful notice is here due to the munificence of the late Thomas Parker, Esq., of Warwick Hall, who died in April 1828;

and among many liberal benefactions to charitable institutions, bequeathed the sum of £1000 towards establishing a Public Infirmary in Carlisle, and towards carrying on the charitable designs of the institution, either as a City or County Infirmary. The memory of Mr. Parker will long be cherished with feelings of gratitude and regard. His handsome legacy will be of great service at the commencement, and is an example, which, it is devoutly to be wished, may be followed by many wealthy inhabitants of both counties.¹¹

To expatiate on the cause of benevolence, and to extend these observations to a greater length, would be an easy and pleasing task ; but, it is hoped, enough has been said to convince the reader, of the utility and necessity, and also of the practicability and importance of establishing an Infirmary in Carlisle ; and brief and imperfect as these observations are, it is humbly trusted, that the good sense and humanity of the inhabitants of this part of the North of England, will require no stronger appeal, on behalf of so excellent a charity.

It may not be irrelevant to the present subject, to take a general view of the medical establishments already provided for the sick poor of Cumberland and Westmoreland. Carlisle has a Dispensary and Fever House. About three

thousand patients are annually registered at the Dispensary, and partake of its benefits. The Fever House is confined to patients labouring under infectious fevers : about sixty patients are admitted annually. At Whitehaven there are also a Dispensary and Fever House :³ nearly three thousand patients are annually admitted to the benefits of the former charity. The Fever Hospital is only open for the reception of persons affected with infectious fevers : during the last year nineteen patients were admitted. At Kendal there are a Dispensary and Lying-in charity from which between one and two thousand patients receive annually medical and chirurgical aid. Cockermouth has a Dispensary which is conducted on an economical plan, and productive of much good. The surgeons of the town attend the poor gratis, and supply them with medicines, the expense of which is defrayed by subscription. Neither a Dispensary House, nor an Apothecary are required. If similar institutions were established at Workington,¹² Wigton, Penrith, Appleby, Brampton, and some of the other considerable towns in the two counties, much good would be accomplished at very little expense. At present, many of the sick poor of these towns are not only attended, but have also medicines given to them gratuitously by medical gentlemen ; and while I would most willingly pay a

just tribute to the philanthropy of these gentlemen, I must say, that if Dispensaries were established, the poor would be better attended. It is unreasonable to expect that medical men should give their time, their attendance, and their medicines, to the poor, while their more opulent neighbours render no assistance whatever. All should unite in this great work of charity. If a Dispensary be conducted on an economical plan, very little expense will be incurred. A subscription should be raised to defray the cost of the necessary medicines, and I think it would be better that the surgeon should not sell the medicines he prescribes for the poor. They should be prepared and dispensed by a chemist and druggist, if there be one in the place who has genuine medicines, and who would keep a regular account of the medicines so dispensed. This would prevent any blame falling upon the surgeon, and would save him the trouble of compounding. As the surgeons would give their advice and attendance gratis, the druggist should furnish the medicines at prime cost. A small gratuity, if thought necessary, might be given to him at the end of the year, for compounding them.

Another and a better plan, of providing medical relief for the sick poor, has been lately adopted at Southam, and at Atherstone, in Warwickshire, and a few other places. It

consists in the Dispensary supporting itself by the contributions of those, who are benefited by it. These contributions are collected from mechanics, labourers, and servants, by small instalments, so as to suit their convenience. The parishes are allowed to subscribe on behalf of the sick poor, and honorary subscriptions are received, which entitle the subscribers to recommend old and infirm patients, who are unable to pay for themselves. The Medical Officers consist all of regular practitioners, approved by a committee of subscribers, and each patient has the privilege of choosing which of them he shall consult or employ. The Medical Officers attend at the Dispensary in rotation, during certain appointed hours, and after all the expenses of the institution are paid, they are remunerated by the committee, out of the remaining funds, in proportion to the number of patients attended, miles travelled, or visits made. This plan deserves the consideration of the benevolent, and of the public generally. The labouring classes will avail themselves of it, as an insurance against sickness, and it will cherish among them that spirit of independence, so necessary for the prosperity and welfare of society.

APPENDIX:

CONTAINING proceedings for promoting the establishment of a General Infirmary in the County of Cumberland, with a description and plans of the Building, and explanatory Notes.

Few authors have had greater cause for gratitude, as well as congratulation, than the author of the preceding pages has on the present occasion, when public munificence is erecting the institution he has recommended, and which, for several years past, he and a few others have never ceased to advocate. To see this measure carried into effect, gives him real pleasure and satisfaction, and amply remunerates him for his labours. So humane and useful a charity cannot fail to be highly beneficial to the lower classes of this part of the North of England, and by being a handsome and substantial building, and well adapted for the accommodation of patients, will be an ornament and credit to this County. It will also add to the character and respectability of this City,—and under the protection of Divine Providence, with which its commencement has been favoured, will, it is hoped, descend to the latest posterity, and extend its benefits and its blessings to the sick poor for ever.

The interesting ceremony of laying the foundation stone of the Infirmary took place on Friday, October 1st, 1830. An especial provincial Grand Lodge of Masons was held for the purpose, by Sir J. R. G. Graham, Bart. M.P. Provincial Grand Master of Cumberland. A Masonic procession was arranged, and joined by the Lord Bishop of Carlisle, the Dean of Carlisle and the Clergy, the Mayor and Aldermen, the Committee, Subscribers and Friends, Physicians and Surgeons, Architect, Contractors, Clerk of the Works, &c. On reaching the ground the members of the procession took their several places at the north east corner of the building. The Lord Bishop delivered an appropriate and beautiful prayer. A vase containing coins, papers, &c. was deposited in a cavity of the stone, and over it was placed a leaden tablet bearing the following inscription:—

“ This foundation stone was laid by Sir James Robert George Graham, Bart. M. P. Provincial Grand Master of Cumberland, assisted by the Masonic Lodges in this Province.

The Hon. and Rev. Hugh Percy, D.D. Bishop of Carlisle ;
 Christopher Parker, Esq. High Sheriff ;
 The Rev. Robert Hodgson, D.D. Dean of Carlisle ;
 John Hogson, Esq. of Bowness, Mayor of Carlisle ;
 On the first day of October, and in the year of our Lord 1830,
 and of Masonry 5830.

BUILDING COMMITTEE.

John Hodgson, Esq. of Bowness ;
 The Rev. W. Fletcher, of Dalston, Chancellor of the Diocess ;
 John Dixon, Esq. of Knells ;
 William James, Esq. of Barrock Lodge ;
 Thomas Barnes, M.D. Carlisle ;
 Simon Ewart of Carlisle, Secretary ;
 Richard Tattersall, Architect ;
 Messrs. Robinson and Bennet, Contractors ;
 Thomas Whip, Clerk of the Works.”

Sir J. R. G. Graham, then laid the stone according to the ancient forms of Masonry, and afterwards addressed the assembly in a very able and eloquent speech. At the conclusion, the Lord Bishop gave the benediction, and the procession returned. This interesting and solemn spectacle excited deep and general interest. An immense multitude of all classes were assembled, and conducted themselves with great order and propriety. The occasion will live long in the memories of all present, and, in future times, will form an important era in the annals of this City.

It is a matter of regret, and alike criminal and disgraceful, that, during the Thursday night following this ceremony, the foundation stone was removed, and the urn containing the coins, &c. taken away. Plunder, no doubt, was the object, but as the whole of the coins deposited did not amount to ten shillings, the robbers would be wofully disappointed. Great force would be required to raise the stone, and separate it from the rest, as four stones of very large size were bound together with iron cramps. The stone was relaid by the workmen, in the presence of the writer, November 18th, 1830. A few coins and papers were first deposited, and the plate, which had been left at the building, was replaced.

DESCRIPTION OF THE NEW GENERAL INFIRMARY
AND DISPENSARY AT CARLISLE.

E X T E R I O R.*

The principal front of the building is one hundred and thirty four feet in length, and its elevation longitudinally is divided into five compartments. In the centre is a tetrastile portico of the Doric order. The example selected for imitation (except some slight modifications to meet the expenditure) being the Choragic monument of Thrasyllus and Thrasyeles in the street of the Tripods, mentioned by Pausanias, under the south side of the Acropolis at Athens. The Portico has a bold extended flight of steps in front leading to the principal entrance to the Infirmary.

The ends of the front are formed into wings by slight projections in antæ.

The entablature of the principal front is returned round each end front, to the rear of the building with pilasters or antæ at each angle, and a door in the centre of each front communicating with a passage going directly through the building. The principal or ground floor is raised considerably above the surface of the ground, to increase the light, and to afford a better ventilation to the basement story.

The front and ends of the building above the plinth, is rusticated to the string corner, and the lower windows and the doors have architrave dressings round, and round the upper windows is a sinking.

The rear elevation is also divided into five compartments: in the centre is a Venetian entrance into an open portal under the landing of the principal staircase, for the shelter of the out-patients visiting the Dispensary, out of which are doors into the matron's room, out-patients' waiting room, the hall and staircase, and also communicating with the domestic part of the basement story.

From the end projections or wings of this front the future enlargement of the building is intended to take place. Between the wings and centre, the back rooms of the building will be only one story high, admitting light over the roofs into the lower passages and into the corridors.

The principal and end fronts are to be built with white freestone from Chalk, or with stone of correspondent colour and durability, rubbed and polished in a similar manner to the beautiful Gothic Church lately erected in Botchergate.

* See Frontispiece—a perspective view of the south west aspect.

Chalk is considered the handsomest and most durable stone in the neighbourhood of Carlisle.

The building is so contrived that it may be enlarged hereafter at a very moderate expense without lessening its architectural uniformity: the end fronts of the present erection being made to form one wing of the future flank elevation.

INTERIOR.*

BASEMENT PLAN.

This floor is divided into two departments, each of which has a distinct exterior and interior flight of steps. In one department are the various rooms required for domestic purposes, &c. viz:—A, Kitchen; B, Scullery; C, Wash-house; D, Laundry; E, Hot air Stove for drying clothes; F in the centre of the plan, Store Cellar; F, Larder; G in the centre of the plan, Ale and Porter Cellar; G, Women Servants' bed-room; H, Men-Servants' bed-room; K, Pantry; L, Vegetable Cellar; M, M, M, Staircases; N, N, Coal Vaults; O, O, Corridors. The other department is built fire proof, and contains O, O, Corridors; P, Dead Vault; Q, Laboratory; R, Drug Cellar.

GROUND PLAN.

From A, the Hall, are doors leading to the passages on the Ground, and to the Corridors on the Chamber floors; from B, the Vestibule, are doors into the Physicians' room, and into the Committee room; on the left of the vestibule is C, the Physicians' room; D, Apothecary and Surgeons' room; E, Apothecary's bed-room; F, Apothecary's shop communicating by a sliding door with G, the Out-patients' waiting-room and Chapel, and H, H, two wards for male patients, one adjoining the Apothecary's room 15 feet by 21 feet 4 inches, the other at the end of the building 12 feet 6 inches by 16 feet 6 inches. On the right of the vestibule is I, the Committee room; K, Matron's room; L, Matron's bed-room; M, Matron's store-room; N, N, N, Women's wards, one on the right of the portico adjoining the board-room 15 feet by 21 feet 4 inches, another 12 feet 6 inches by 16 feet 6 inches, and the third 12 feet by 15 feet 9 inches; O, open Portal; P, P, Corridors; on each side are Q, Q, Water closets; and R, R, Ante-rooms to water closets. In this floor are three Staircases; S, the Principal Staircase is in the

* See Plate of Plans.

hall, and has a bold flight of steps in the centre up to the first landing, with a return flight on each side. In each half of the building are T, T, Back Staircases leading to the chamber floors.

CHAMBER PLAN.

In the centre of the building over the vestibule is A. the Operation room, having side and top lights; and adjoining it is B, the Operation ward 10 feet 6 inches by 16 feet 6 inches. One half of the building from the operation room is intended for the reception of female, and the other half for male patients. C, C, C, Womens' wards, two adjoining each other on the right of the operation room, each 15 feet by 21 feet 4 inches, the other 12 feet 6 inches by 16 feet 6 inches. D, D, Mens' wards, one adjoining the operation ward 15 feet by 32 feet 8 inches, the other 12 feet 6 inches by 16 feet 6 inches. To each half are attached E, E, Nurses' rooms; F, F, Nurses' bed-rooms; G, G, Nurses' sculleries; H, H, Water closets; I, I, Ante-rooms to the water closets; J, J, Passages to the water closets; K, K, Corridors; L, Best Staircase landing. Over the water closets, and nurses' sculleries are M, M, Cisterns each capable of containing 2000 imperial gallons of water.

REMARKS.

The following are the dimensions of the different stories of the Infirmary. Basement 9 feet; Ground 13 feet 3 inches; Chamber 16 feet, high. The vestibule, hall, and principal staircase, being most seen by the friends and visitors of the institution, will be finished in a superior manner to the rest of the building, but nothing is intended to be expended beyond what a most rigid economy will justify.

The whole of the establishment is to be warmed by open fires, with tubes out of the various rooms and wards to ensure a most effective ventilation.

In case of future enlargement, the expense of each bed will be considerably less than the cost under the present erection: as all the rooms required for the medical gentlemen, matron, the staircases, &c., are provided in the present building, any addition may be used exclusively as wards. The building contains accommodation for 52 beds, and in case of emergency several more may be introduced.

The preceding enumeration and appropriation of the apartments are taken from the architect's plans, in which no rooms are named for baths, which are often not only useful, but sometimes indispensably necessary in an hospital: there will,

however, be sufficient convenience for such as may be required by the patients, and public baths would not be desirable in the interior of the Infirmary.

That the institution may be the means of promoting the cause of both science and humanity, is the ardent wish of the writer. A medical library would be useful in the Infirmary for reference, and would be particularly advantageous to pupils and apprentices. A convenient place, he hopes, may be found in it for the reception of medical and surgical books, and also for anatomical preparations. Several years ago, a medical library and museum were projected in this city, and it is to be lamented, that they have neither been yet established. Should they be connected with the Infirmary, they would add to its usefulness, and, in all probability, would tend to the improvement of medical science.

The following papers contain the proceedings and resolutions of the Public Meetings of the benefactors and subscribers, and have been published from time to time by the Committee. They are now collected together and presented to the public, with a view of encouraging and promoting the institution by making them more generally known. They may also be useful by suggesting hints to persons engaged in the formation of similar institutions.

The papers follow each other in the order they were first published.

At a meeting of a few friends and promoters of the establishment of a General Infirmary in the County of Cumberland, held at Carlisle, the 27th day of November, 1828,—

John Hodgson, Esq. Mayor, in the Chair,

The following Resolutions were unanimously adopted :—

RESOLVED,

1st. That it is the opinion of this meeting, that an Infirmary for the reception and relief of the sick poor, would be highly beneficial to the County of Cumberland.

2nd. That, convinced of the advantages that would result from a County Infirmary, the gentlemen present deem it eminently entitled to their patronage and support, and will use their best endeavours to promote its establishment.

3rd. That, as the late Thomas Parker, Esq. of Warwick Hall, has bequeathed the sum of £1000 towards carrying the above object into effect ; and as Anthony Langcake, Esq. has

offered to give the sum of £500 ; and the Ladies' Committee of the late Carlisle Bazaar have signified their intention of giving the residue of their fund, amounting to £380, for the same purpose, the present appears to be a fit and proper time for setting on foot this work of charity.

4th. That the following gentlemen, having expressed their readiness to accept the office, be appointed a provisional Committee, with power to add to their number, to forward the business, to communicate as soon as possible the above resolutions to the lord lieutenant of the county, the high sheriff of the county, the members for the county, the members for the city, the nobility, magistrates, clergy, and gentry of the county, to solicit their concurrence and support, and to receive donations and subscriptions, viz:—

The Hon. and Right Rev. the Lord Bishop of Carlisle, the Worshipful the Mayor of Carlisle, the very Reverend the Dean of Carlisle, the Reverend Prebendary Markham, the Rev. Mr. Fawcett, Mr. John Dixon, Mr. John Hodgson, Mr. John Forster, Jun. Mr. Joseph Ferguson, Fisher-Street, Mr. Joseph Ferguson, English-Street, Thomas Barnes, M.D. Mr. John James, Mr. Joshua Anderson, Mr. John Connell, Richard S. James, M.D. Mr. William Nanson, Mr. J. M. Head.

5th. That the cordial thanks of this Meeting be given to William Parker, Esq. of Skirwith Abbey, for his very handsome letter to the Mayor respecting the bequest of his brother, the late Thomas Parker, Esq.; also to Anthony Langcake, Esq. and the Ladies' Committee of the late Carlisle Bazaar, for their munificent donations.

JOHN HODGSON, Chairman.

The Mayor having left the chair—

It was moved and unanimously resolved,

That the thanks of the meeting be given to the Mayor for his able conduct in the chair.

These resolutions having been circulated, letters were received from a great many of the nobility, clergy, and gentry connected with Cumberland, expressive of their good wishes, and tendering support to a large amount. The Earl of Lonsdale offered a donation of £500 ; William Parker, Esq. of Skirwith Abbey, £500 ; Wilfrid Lawson, Esq. of Brayton Hall, £400 ; Sir J. R. G. Graham, Bart. of Netherby, M.P. £300 ; Henry Howard, Esq. of Corby Castle, £200 ; Sir C. J. Musgrave, Bart. Eden Hall, £150 ; Elizabeth Dowager Lady Musgrave, £100 ; the Lord Bishop of Carlisle, £100 ; Mrs. Lodge, Carlisle, £100 ; Peter Dixon, Esq. Carlisle,

£100; &c. &c. In short, there appeared to be not only a conviction of the great utility of such an institution, but as general a desire to support it. After this time, the cause continued to prosper beyond expectation, and many liberal donations were reported from time to time, as having been received by the Committee.

In the beginning of August, 1829, was issued the following
REQUISITION.

The want of a Public Infirmary in the County of Cumberland, for the reception and relief of the sick poor, having been long felt, and being now generally acknowledged, and bequests, and subscriptions towards that object, amounting to more than £4,000, having been already announced:—We the undersigned request the attendance of the nobility, magistrates, clergy, and gentry of the county; at a meeting to be held at the Town-hall, Carlisle, on Monday the 24th August, 1829, at four o'clock in the afternoon, to consider the expediency of establishing such an institution.

H. Carlisle	Peter Dixon, Junior
E. W. Hasell	William Dobinson
J. R. G. Graham	Simon Ewart
J. D. A. Gilpin	Joseph Ferguson, English-St.
W. Fletcher, A. M.	Joseph Ferguson
T. H. Graham	John Forster, Senior
R. Hodgson	John Forster, Junior
Richard Hodgson	Thomas Halton, R.N.
John Hodgson, Penton	J. M. Head
W. P. Johnson	George Head
Wilfrid Lawson	John Hodgson, Bowness
Thomas Lowry, D.D.	W. Hodgson
H. Senhouse	John James
J. B. Backhouse	Richard James, M.D.
John Fawcett, A.M.	Robert Mounsey
William Graham, A.M.	W. Nanson
Joshua Anderson	Christopher Parker
Thomas Backhouse	William Parker
Thomas Barnes, M.D.	George Starbuck
John Connell	W. Wybergh
John Dixon	

At a Public Meeting held at the Town-hall, Carlisle, on Monday, the 24th August, 1829, for the purpose of considering

the expediency of establishing an Infirmary in the County of Cumberland.

The Right Honourable the Earl of Lonsdale, in the chair.

On the motion of Edward Williams Hasell, Esq. High Sheriff, seconded by the very Rev. Robert Hodgson, D.D. Dean of Carlisle.

It was unanimously resolved :—

1st. That it is the opinion of this meeting that a Public Infirmary should be established in this County.

On the motion of Sir J. R. G. Graham, Bart. M.P. seconded by John Hodgson, Esq. the Mayor of Carlisle.

It was resolved :—

2nd. That a sum amounting to £4, 489, 7s. having already been contributed towards the formation of such an institution, a committee be forthwith appointed for the purpose of ascertaining what further sums can be obtained for the promotion of so desirable an object, and also as far as possible, the amount of annual subscriptions and benefactions, which may be calculated on for its support.

On the motion of the Rev. Richard Matthews, seconded by Sir Hew Dalrymple Ross, K. C. B.

It was resolved :—

3rd. That in the event of such respective funds appearing adequate for effecting the above purposes, such committee be further empowered to make arrangements respecting the site and plan of the building, and all other particulars which to them shall seem expedient for promoting the general object of the charity, and completing its establishment, and that such arrangements be then submitted to a general meeting for the approval of the contributors and subscribers.

On the motion of the Rev. Sir Christopher John Musgrave, Bart. seconded by John Hodgson, Esq. Bowness.

It was resolved :—

4th. That the following gentlemen compose the committee, the High Sheriff, the Honourable and Right Rev. the Lord Bishop of Carlisle, Sir J. R. G. Graham, Bart. the Rev. Sir C. J. Musgrave, Bart. Sir H. D. Ross, the very Rev. the Dean of Carlisle, the Resident Prebendary of Carlisle, the Mayor of Carlisle for the time being, the Rev. W. Fletcher, the Rev. R. Matthews, Henry Howard, Esq. Wilfrid Lawson, Esq. W. P. Johnson, Esq. T. H. Graham, Esq. W. James, Esq. W. Parker, Esq. Robert Hodgson, Esq. John Dixon, Esq. John Hodgson, Esq. Bowness, Joseph Ferguson, Esq. English-Street, Carlisle, and Dr. Barnes; that they have power to add to their number, and that five be a quorum.

On the motion of the Rev. Sir C. J. Musgrave, Bart. seconded by T. H. Graham, Esq.

It was resolved:—

5th. That the several bankers of the County be requested to receive benefactions and subscriptions for the establishment of a County Infirmary.

LONSDALE, Chairman.

The chairman having left the chair.—On the motion of the Lord Bishop of Carlisle, seconded by the High Sheriff. It was resolved, that the best thanks of this meeting be given to the Earl of Lonsdale for his kindness in taking the chair, and able conduct therein.

The following Regulations were advertised in the Carlisle Newspapers, September 19th, 1829.

Regulations for the management of the Infirmary, intended to be submitted to the next general meeting of benefactors and subscribers.

1. The concerns of the institution to be under the management of general meetings, at which all governors may attend and vote.

2. Benefactors of twenty guineas, or upwards, to be governors for life.

3. Subscribers of two guineas annually to be governors during payment.

4. A subscriber of half a guinea annually and a benefactor of five guineas, to be entitled to recommend two out-patients annually.

5. Every annual subscriber of one guinea, or benefactor of ten guineas, to be allowed to recommend two out-patients, or one in-patient annually.

6. Every annual subscriber of two guineas, or benefactor of twenty guineas, to be allowed to recommend one in-patient and two out-patients, or four out-patients within the year; and benefactors and subscribers to a larger amount after the same ratio.

7. No subscriber to have more than one in-patient at a time.

8. Every parish officer, or head officer of any body corporate, society, parish, or township, subscribing two guineas annually, to be allowed a right of recommending one in-patient and two out-patients during the year, and in like proportion for any larger sum subscribed, provided they

engage that such patients shall not become chargeable to the parish in which the Infirmary shall be situated.

9. Whenever there may be a want of room in the Infirmary for the admission of such as are thought proper objects, the preference to be given first, to those whose cases admit of least delay; secondly, to those who live at the greatest distance; thirdly, to those recommended by subscribers who have not recommended any in-patient within the year; and fourthly, to those recommended by the largest benefactors or subscribers.

10. No person to be admitted a patient but by recommendation of a benefactor or subscriber, unless in cases of accident or emergency which admit of no delay.

11. No person to be admitted an in-patient, unless a promise of removal in case of death or otherwise, be signed by a parish officer or recommender.

12. It is contrary to the design of the institution to relieve any person, their wives, children, or apprentices, whose circumstances enable them to pay for their cure: such an admission of patients would be a misapplication of the money subscribed, and highly prejudicial to the real objects of charity.

But it will be for the consideration of the governors, whether farm servants, domestic servants, apprentices, &c. may not be admitted under certain limitations and payment of a weekly sum for maintenance, &c.¹³

By Order of the Committee,

S. EWART, Secretary.

At a General Meeting of the benefactors, subscribers, and friends to the establishment of a Public Infirmary, in the County of Cumberland, held at Wigton, on the 18th day of January, 1830.

The Honourable and Right Reverend the Lord Bishop of Carlisle, in the chair.

It was resolved:—

1st. That a site be purchased for erecting a Public Infirmary in the County of Cumberland.

2nd. that the land situated near Caldcoats, Carlisle, offered to be sold by the Reverend T. Jolliffe, and which has been approved of by the committee as a very eligible site, be purchased on the terms proposed.

3rd. That John Forster, jun. Esq. banker, Carlisle, be appointed treasurer of the institution.

4th. That the secretary address a circular letter to the benefactors and subscribers, requesting payment of their benefactions and subscriptions to be made to the treasurer.

5th. That the Earl of Lonsdale, the Lord Bishop of Carlisle, Sir J. R. G. Graham, Bart. the Rev. Sir C. J. Musgrave, Bart. and Wilfrid Lawson, Esq. be appointed trustees to the institution.

6th. That as the Lord Bishop of Carlisle, Sir J. R. G. Graham, Bart. and Wilfrid Lawson, Esq. have signified their willingness to accept the office of trustees, the secretary do communicate the appointment made by the meeting to the Earl of Lonsdale and the Rev. Sir C. J. Musgrave, and request their concurrence therein.

7th. that the secretary on receiving the answer of the Earl of Lonsdale and the Rev. Sir C. J. Musgrave, do proceed to take the necessary measures for completing the purchase of the land in the names of the trustees without delay.

8th. That the building be of a plain and substantial description, to contain 50 beds, with a dispensary attached, and be made capable of enlargement hereafter.

9th. That an advertisement be twice inserted in the County Newspapers, the Courier, Times, and such other newspapers as the secretary may deem necessary, for elevation and working plans, specifications, and estimates for the building, to be delivered to the secretary on or before the 30th March next.

10th. That the sum of £50 be paid for the best plan that shall be submitted, and that the plan adopted shall become the property of the institution, and that such plans as shall be rejected shall be returned to the persons tendering the same without any payment being made to them.

11th. That the plan selected by the committee shall be submitted to a general meeting of the benefactors and subscribers for their approval.

12th. That the present committee be requested to continue their services.

His Lordship having left the chair.

It was unanimously resolved :—

That the thanks of this meeting be given to his Lordship for presiding on the occasion, and for his benevolent zeal in forwarding the establishment of the institution.

	Don.	Sub.
Amount already advertised.. . . .	£7357	£134 14s.

After the insertion of the Advertisement in the newspapers, nineteen architects sent about thirty plans for the inspection of the Committee.

Four of these plans were selected by the Committee, and submitted to a General Meeting of the benefactors and subscribers, held at the Town Hall, on Wednesday, April 21st, 1830, the Lord Bishop of the Diocese, in the chair. Working plans and specifications not having been received, it was agreed, that the architects should be requested to send them, that the Committee should make a selection as soon as they had sufficiently examined them, and lay the plan most approved before another General Meeting. The secretary was desired to request the attendance of the medical gentlemen of Carlisle, to meet the Committee.

At a General Meeting of the benefactors and subscribers, held at the Town-hall, Carlisle, on Saturday, the 15th May, 1830.

Wilfrid Lawson, Esq. in the chair.

It was resolved:—

1st. That the plan submitted by Mr. Tattersall, being considered the best, be adopted subject to certain alterations.

2nd. That the Mayor, the Rev. Mr. Markham, and Dr. Barnes, be appointed a sub-committee for examining the plan with reference to the alterations required, and that they point out such as appear to them to be necessary.

3rd. That the secretary communicate to Mr. Tattersall the suggestions of the sub-committee, and request him to furnish working plans in conformity to them, provided the expense does not exceed the original estimate delivered by him.

On examining the plans, there appeared some defects in the construction of the building, and several alterations were considered necessary. In consequence of which, the sub-committee thought it desirable, that the architect should come to Carlisle, and have them pointed out to him. He was accordingly requested to attend, and one of the sub-committee very handsomely paid, out of his own pocket, the expenses of the architect's journey and attendance. After mature deliberation and examination of the plans, several alterations in the internal arrangement were suggested and adopted, a few additions were also made, and the building might have been further improved, and made more commodious, if the funds of the charity had been more ample, and

the last resolution had not limited the expense to the original estimate.

TO BUILDERS AND OTHERS.

Any person or persons desirous of contracting for the whole, or any part of the works required in the erection of the County Infirmary, may inspect the drawings and specifications on application to Mr. Ewart, solicitor, Carlisle.

Parties offering Tenders are requested to take notice that the Committee do not pledge themselves to accept the lowest Tenders, and that ample security will be required for the fulfilment of the contract.

Sealed Tenders addressed to the Committee to be delivered to Mr. Ewart (free of expense) on or before the 21st July next. Further particulars may be known, if by letter, post paid, on application to Mr. R. Tattersall, Architect, 34, York-Street, Manchester.

June 26th, 1830.

At a General Meeting of the benefactors and subscribers, held at the Town-hall, Carlisle, on the 17th day of August, 1830.

The Lord Bishop of Carlisle in the chair.

The chairman having read the Report of the Committee of their proceedings since the last General Meeting.

It was resolved—That the same be published in the Carlisle Newspapers.

Resolved—That the Building Committee be authorised to engage the Clerk of the works, recommended by Mr. Tattersall, subject to such restrictions as they may think proper.

Resolved—That the secretary write a circular to those benefactors who have not yet paid their benefactions, requesting payment thereof.

REPORT.

At the General Meeting of the benefactors and subscribers, held on the 15th May last, the plan submitted by Mr. Tattersall was adopted, subject to certain alterations, which appeared to be required for rendering the interior arrangement of the building more convenient. A sub-committee was appointed, and such alterations were made as to do away with the objections which presented themselves, without, as they were assured by the architect, increasing the expense of the

building. Some delay necessarily afterwards arose in the preparation of the working plans and specifications, but as soon as they were received, the Committee advertised in a Newcastle and the Carlisle newspapers for tenders for the erection of the building.

Messrs. Robinson and Bennett were declared the contractors at the sum of £4,655, if stone could be procured from Chalk Quarries, and an additional sum of £75 in case it should be necessary to obtain the stone elsewhere. They engaged to have the building roofed in before the 12th of August, 1831; and to complete the whole fabric on or before the 13th of May, 1832.

A sub-committee, consisting of the Mayor, the Rev. Mr. Fletcher, Mr. John Dixon, Mr. James, and Dr. Barnes, were appointed for entering into the contract with, and superintending its execution by, Messrs. Robinson and Bennett. They have marked out the site for the building, and the works are now in progress; they expect the building of the cellars and offices under ground to be completed by the 1st of November next. The Committee have engaged the architect to direct the execution of his plans.

Since the last General Meeting the title to the land purchased from the Rev. Mr. Joliffe has been completed, and the purchase money paid.

“The bequests and benefactions already made, amount to £7,707 10s. and the annual subscriptions to £147 18s. of which £6,187 3s. have been paid to the treasurer.

The following is the state of the accounts with the treasurer :—

To amount of bequests, benefactions, and subscriptions received	£6,187	3	0
By cash paid the Rev. T. Joliffe for the site	£793	15	0
By cash paid Mr. Tattersall, premium awarded for his plans	50	0	0
By cash paid several advertising and printing accounts	41	18	9
Balance in the hands of the treasurer, exclusive of interest	£5,301	9	3

As the building, therefore, is now actually undertaken, the Committee earnestly hope that those persons who have hitherto delayed their subscriptions, will immediately come forward in support of an institution which must prove of such undoubted benefit to the country at large.

NOTES.

Note 1, Page 11. In many districts, the overseers of parishes subscribe annually to the nearest Infirmary, and it is hoped that many overseers will do so in this County. The annual report of the Lincoln County Hospital for the year 1827, contains a list of 86 parishes that subscribe annually to that institution, some two and some four guineas each. To the Leeds Infirmary the overseers of several parishes subscribe annually six guineas each. In 1828, thirty-four parishes subscribed to the Worcester General Infirmary, in sums from one guinea to five guineas each. To the Derbyshire General Infirmary, in 1826, the annual subscriptions of 56 parishes amounted to £129 11s. Ninety-two parishes subscribe annually £212 2s. to the Leicester Infirmary. At Taunton and many other places the parishes also subscribe, and their subscriptions generally entitle them to the same benefits as those of individuals.

Note 2, Page 23. It is highly creditable to the County of Cumberland, that within the last two years, subscriptions have been raised for the erection and support of two Infirmaries: one at Carlisle, and the other at Whitehaven—a strong proof that the inhabitants are not deficient of humanity and generosity, and only required the merits of these excellent charities explained to them.

Note 3, Page 25. The subscribers to the Whitehaven Dispensary had, for many years, a small fund, which they hoped would, one day, assist them in establishing an Infirmary. The proceedings at Carlisle gave an impulse to their generosity and compassion: soon after the Public Meeting was held in this city, a Meeting of the subscribers to the Whitehaven Dispensary took place at Whitehaven, and it was resolved to set on foot a subscription for the establishment of an Hospital on a small scale. Donations to the amount of £1707 10s. 8d. and annual subscriptions amounting to £300 18s. were collected. A house and garden, &c. in Howgill-street were purchased for £995, and the premises converted into an Infirmary, Fever House, and Dispensary.

The whole establishment was completed for a sum not amounting to £1450, and will be fully adequate to the probable wants of Whitehaven and its neighbourhood.

Note 4, Page 29. Infirmaries are deservedly very popular charities. Besides subscriptions, donations, and bequests, large sums are frequently obtained for their support, by bazaars, balls, musical festivals, theatrical exhibitions, &c.

Note 5, Page 31. The Clergy have the power of contributing very materially to the support of this institution, by urging its claims upon the benevolence of their hearers. In many places anniversary sermons are preached in churches and chapels, and collections made for the benefit of Infirmaries. The clergymen and ministers in these cases are generally entitled to the like privileges for the year in which they so preach, as annual subscribers of two guineas. In 1828, collections were made at the different churches and chapels at Cheltenham, amounting to £192 and upwards, for the Dispensary and Casualty Hospital of that town. At Liverpool, in 1829, the church and chapel collections for the Infirmary amounted to £427 15s. At Manchester in 1792, collections for the Infirmary and Dispensary were made, at the different places of worship, amounting to more than £4000. This mode of encreasing the funds presses lightly upon individual charity, and offers an opportunity to many persons, who cannot afford to give a larger sum, and particularly to those who are more immediately benefited by the institution, of giving their mite in secret. A great accession of revenue is often obtained in this way. Magistrates may also benefit the charity, by appropriating to its use the fees and penalties imposed for various offences, so that the evil doers of one part of the community would contribute to the relief of the distresses and misfortunes of another.

Note 6, Page 32. The Public Meeting here recommended took place at the Town-hall, Carlisle, August 24th, 1829. The proceedings of that Meeting may be found at page 51.

Note 7, Page 32. The ground selected for the Infirmary is situated near the high road from the western part of the county, on an eminence or bank extending along the south side of the river Eden, and is elevated about thirty feet above the bed of the river. It is about a mile from the centre of the town, adjoins the Newtown road, and is near the intended junction of the Carlisle canal with the Newcastle and Carlisle railroad. This ground possesses several requisites

for being a good site. It is high, dry, and near water—a small stream runs through the lower part of it. The situation is airy and healthy, and less liable to contamination from smoke than any other in this place. The building, which has a southern aspect, commands an extensive and beautiful view of the surrounding country.

The ancient priests, who had the care of the sick, were aware of the salubrious influence of an elevated situation. Plutarch informs us, that, in Greece, they erected their temples on high grounds with a fine exposure. The celebrated temples of Esculapius possessed these advantages in a very remarkable degree. Medicine was then only in its infancy, and the many cures that were accomplished, should be attributed chiefly to the change of air, and to the amusement and exercise which the patients experienced in their journeys to the temples. These temples were very spacious, and the air respired in them was pure and invigorating. In modern times, too little attention is generally paid to these circumstances.

Note 8, Page 32. How far the new Infirmary will realise these expectations time alone will prove. All engaged in establishing it were desirous that it should be of a good construction. The writer wished it to be placed on a footing with the most approved Infirmaries, and regrets that it is not of larger dimensions. He was anxious that the wards should be more spacious, and the corridors wider. The latter, which are five feet six inches on the ground and chamber stories, he recommended should be at least two feet wider, but the funds of the charity, it was urged, would not admit of the additional expense. Wide corridors are extremely useful as means of ventilation, and are also of the greatest convenience and comfort to patients, during convalescence, for taking exercise, particularly in wet weather.

Spacious wards admit of being perfectly ventilated, and afford good accommodation for the sick, consequently are more conducive to their recovery than small wards that are ill ventilated, and in which too many patients are often from necessity crowded together. Pure air and ample space contribute very much to the successful treatment of many diseases, and are essentially necessary in every ward of an Hospital.

Note 9, Page 33. An interesting subject of investigation is, what is the best mode of warming Infirmaries? There are two ways of warming them, one by radiation and the other by contact, and each has its advantages. For the first, combustion is necessary, and the advantage is, we can breathe a cool

atmosphere; but, as we are exposed to the current of cold air which is required to supply that combustion, we often feel hot on one part of the body and cold on another. The second way, is by making air the communication of heat, by coming in contact with bodies heated by steam or otherwise, and its greatest advantage is said to be an equality of temperature. But, when the air is rarified by an encrease of temperature, respiration is rendered laborious, it being necessary to respire often to inhale the same quantity of oxygen, and respiration becomes more laboured, in proportion as the temperature increases: it occasions also a greater absorption of moisture from the body, which renders persons so acted upon, more liable to colds, &c. Great improvements have lately been made in the diffusion of warm air: steam has also been used in a variety of ways; but nothing, in the opinion of the author, answers so well as open fires. In the autumn of 1829, he visited several hospitals in various parts of England, and found that those heated with warm air, were uncomfortable even to a person in health, and subject to much variation of temperature. The sight of a cheerful fire has a beneficial effect upon some persons, and is more consonant with the habits and feelings of the poor of this country. An enquiry of equal importance is, what is the best mode of ventilation? as we are immediately dependent on the atmospheric air for life, its purity and uniform composition are of the greatest consequence to our health. In the wards of an hospital, it is difficult to preserve the air pure and of uniform composition. The apparatus and machinery for warming and ventilating the Derbyshire general Infirmary, and also for washing and drying linen, and for culinary purposes, though highly ingenious and useful, are very complicated, and too expensive to be adopted in the Infirmary at Carlisle. In the latter institution, ventilation is accomplished by oblong square apertures near the floors of the wards, which communicate with the air flues of the corridors. Through these apertures either warm or cold air may be made to escape into the wards. In winter, should warm air be wanted, it will pass from a stove placed under the principal staircase, and proceed through the flues into the apartments. The windows open at the top and bottom. The ceilings are high, and have ventilators or circular apertures, and air tubes under them, in each ward, to carry off the contaminated air. All these apertures have regulators, and at the top of the building are turn caps, containing outlets for the escape of the foul air by flues communicating with the apartments. Open fires by producing a circulation of air will also be a means of ventilation.

Note 10, Page, 35. The Physician in Ordinary to the Dispensary did not see every patient, but he personally attended most of them, and considered himself responsible for the proper treatment of them all. The number of patients admitted to its benefits in 1816, the year preceding my appointment, was 986. They afterwards gradually increased; and in 1829, the last year of my attendance, the number amounted to 3605, a strong proof that the institution had risen in estimation, and that the poor were aware of its advantages. In March, 1830, I resigned the situation of Physician in Ordinary, and as the patients had become so numerous, the Governors agreed to abolish the duties of the situation. Four additional medical officers were appointed, who were to undertake equally the care of the out-patients, to divide the city and suburbs into districts, and each to visit only such home-patients as reside in his respective district, unless by mutual agreement among themselves. It was in this manner,

——“parvis componere magna”——

that the indigent sick of ancient Rome were furnished with medicines, and gratuitous medical attendance at their own habitations. That city, from time immemorial, was divided into twelve districts, and certain medical gentlemen were appointed to each district, to take charge of the sick-poor.

Dispensaries were first established in England rather more than one hundred years ago. The president and fellows of the College of Physicians of London set the example in 1696, by each subscribing £10, to be expended in preparing and delivering medicines to the sick-poor of the cities of London and Westminster.

Note 11, Page 38. Two legacies of £500 each, have since then been left to this Infirmary. One by Anthony Langcake, Esq. and the other by John Blow, Esq. As several Charities have lost considerable bequests, the testators having charged them upon the real, instead of their personal estate, those who are so well disposed as to contribute to this charity by their last Will, are requested to observe, that gifts by Will, of land, or of money, to be laid out in the purchase of any lands, for charitable uses, are void by the statute of Mortmain; but money or stock may be given by Will, if not directed to be laid out in land.

Note 12, Page 39. Since the first edition of this tract was published, a Dispensary has been established at Workington,

and has fully approved its utility to the indigent sick of that town and neighbourhood.

A House of Recovery, for the reception of persons affected with infectious fever, has also been instituted at Kendal.

Note 13, Page 53. As the Committee have issued these Regulations, they may be considered the ground work for the future management of the institution. They have not yet been brought before a General Meeting, and should, in my opinion, undergo several alterations before they are adopted.

With respect to the privileges of subscribers, I would suggest the propriety of making them more upon an equality with the expense of the patients and the sums subscribed. Out-patients are much less expensive than in-patients. An out-patient of the Carlisle Dispensary does not, on an average, cost so much as 2s. but an in-patient of the Glasgow Infirmary, at which the expense is less than at any other Hospital I have met with, costs about £2. Now, we should calculate the expense of an in-patient of the Carlisle Infirmary at more than this. The expenses attending an in-patient of a large Hospital, where there are many patients, is, of course, not so great as of a small Hospital where there is a less number: there being several current expenses common to both. As the number of patients increases, the expense of each individual generally decreases. Subscribers should, therefore, be allowed to recommend more out-patients and fewer in-patients. An argument against such a regulation would be, that distant subscribers cannot send out-patients without great inconvenience. It is true, they cannot enjoy this privilege to the same extent as subscribers residing in the city and neighbourhood, but, according to the 9th regulation, a preference is given to them with regard to in-patients, and they should have as many in-patients as their subscriptions will maintain: besides, some of them, it is hoped, will support the institution from motives of humanity only. If too high a scale of privileges be adopted at the commencement, the funds will become exhausted and the institution embarrassed. When the funds shall have increased, as I trust they will, by donations and testamentary bequests, the privileges of subscribers may be extended. I would suggest the following regulations. A subscriber of half-a-guinea, to have the privilege of recommending three out-patients. A subscriber of one guinea, six out-patients. A subscriber of two guineas, one in-patient and two out, or eight out-patients, and for every larger sum subscribed, in the same proportion. No subscription less than two guineas should entitle a subscriber to recommend an in-patient in the course of the year.

It is very proper, that some security should be given for removal in case of death or otherwise, but, it does not seem necessary to particularize by whom it shall be given, as in the 11th regulation. Many subscribers will be glad to give a ticket of recommendation to a deserving person, but, would object to become responsible for the expense of his removal. It would be desirable that the recommender should always, if possible, ascertain the parish of an in-patient.

It does not seem fair or right, to exclude farm servants and domestic servants the benefit of the Infirmary, if they be suitable objects, merely on account of their being servants; but, it would be very proper that no upper servant, nor any servant wearing livery, being actually retained in his master's service at the time, should be admitted.

For several interesting and valuable communications on the subject of Hospitals, the writer embraces this opportunity of expressing his acknowledgements to the physicians and surgeons of several Public Hospitals, and, in particular, to Dr. Forbes of Chichester, and Dr. Walker of Huddersfield. He is aware, that he may have, sometimes, in the preceding pages, appeared diffuse, and reminds the reader, that a great portion of their contents originally appeared in the form of letters, consisting of appeals to the public, which necessarily led to repetition. The candid critic, he hopes, will admit, that a zealous advocate, who wishes to enforce attention, and to carry a point of public utility or good, must present it in a variety of lights, and will often expatiate at greater length, than a person less interested in the subject.

POSTSCRIPT.

To the list of epidemics that have occasionally raged with great violence in this country, (p. 15,) should now be added the Asiatic Cholera. Like the pestilential diseases that have, at various times, devastated the world, this malady took its rise in the East, and extended from country to country towards the West. Small-pox, the plague, scarlet-fever, and measles, took their origin in the southern and eastern parts of the world, and afterwards travelled over Europe. Spasmodic Cholera, after committing most destructive ravages for some years in Asia and Africa, entered Europe, and swept over extensive districts in a very short time, seizing and destroying hundreds of victims in a single day, sometimes even in a few hours. It also visited America, with great mortality. The disease first appeared in this country at Sunderland, October 24th, 1831; in London, January 17th, 1832; and on June 13th of the latter year, at Carlisle, where it prevailed until November 18th. In this city, there were 448 cases, and 265 deaths. It re-appeared in Carlisle, September 1st, 1834, with increased malignity, but to a less extent; out of 33 cases attended from the Dispensary, only 13 recovered. Influenza is also a migrating epidemic, though generally mild and unattended with danger.

At present, there are four separate medical Charities in Carlisle, viz. the Infirmary, Dispensary, House of Recovery, and Humane Society. The advantage of uniting the two former has been pointed out, (p. 36.) To an union of the House of Recovery with them, some persons would, perhaps, object on the ground that there would be risk of infection. If the Dispensary and Humane Society were united with the Infirmary, the present Dispensary-house and the Receiving-room should be retained, as branches or

stations, at which the medical officers should give attendance at stated periods, and when required. As the town enlarges, other branches or stations may be established, if thought necessary.

A principle, somewhat similar to that of a self-supporting Dispensary, (p. 40) may be adopted with advantage, in an Infirmary, particularly when the funds are inadequate to its support. A weekly payment, varying according to the circumstances of patients or their friends, may be required for in-patients; and parishes should pay for their paupers. This practice has been found to answer extremely well in the Carlisle Fever Hospital for upwards of twenty years. Benefactors and Subscribers should have the privilege of recommending in-patients on the lowest terms of admission, in proportion to their benefactions and subscriptions. If the income by subscriptions, &c. be high, there should be greater privileges for Subscribers; and no charge, or a low scale of charges, for patients. When an Infirmary has a permanent income arising from benefactions and bequests, and regular subscriptions, sufficient to defray the annual expenses, patients, of course, should be admitted and relieved gratuitously.

T. B.

May 3rd, 1841.

A General Meeting of the benefactors and subscribers to the Cumberland Infirmary, called by advertisement, was held in the Town Hall, Carlisle, February 23, 1841, the Rev. WALTER FLETCHER, Chancellor of the Diocese, in the chair.

In consequence of the attendance being unexpectedly small, it was not thought advisable to proceed with the business for which the Meeting had been expressly convened. A resolution, proposed by Joseph Ferguson, Esq. of Fisher-street, and seconded by T. H. Graham, Esq. of Edmond Castle, was carried unanimously, "That the General Committee be requested to draw up a report of all proceedings connected with the Infirmary, up to the present time, together with a statement of the Accounts, and lay the same before a Public Meeting, to be convened as early as convenient." A vote of thanks to the Building Committee, and also to Mr. Simon Ewart for his services as Secretary, was then passed, and the Meeting adjourned.

AT a MEETING of the Subscribers and Friends of the
Cumberland Infirmary, held at the Town Hall, Carlisle, on Saturday, April 17th, 1841,

JOHN DIXON, ESQ. MAYOR, IN THE CHAIR:

It was Resolved—

I. That the Report now read, be adopted, printed, and circulated.

II. That the Gentlemen composing the present Committee of the Infirmary, and the following Gentlemen, viz. Sir George Musgrave, Bart. Edenhall, William Hodgson, Esq. Bowness, Major Maclean, Carlisle, Dr. Oliver, the Chairman and Vice-Chairman of the Board of Guardians, Mr. Nanson, the Rev. John Fawcett, and the Rev. William Rees, be appointed a Committee to solicit Donations for the outfit or equipment of the Infirmary, and paying the balance against the Institution, and Annual Subscriptions for its future maintenance; that they be authorized to draw up a code of rules and regulations for the management of the Charity, to be submitted to a future Meeting of the Subscribers, to take all necessary steps and make such arrangements as may seem proper for the completion of the undertaking.

III. That the Subscribers to the Carlisle Dispensary having empowered their Committee to confer with the Committee which may be appointed by the Subscribers to the Infirmary, as to the propriety of uniting the Institutions, this Committee be requested to confer with the Dispensary Committee and the Committee of the Humane Society, on the subject of an union of these Charities.

IV. That the ceremony of opening the Institution take place

on the day on which the High Sheriff of Cumberland shall next meet her Majesty's Justices of Assize for the Northern Circuit; that the Subscriptions become due on that day; and that it is the unanimous opinion of this Meeting, that all those who intend to become Annual Subscribers, should give in their names previously to that time.

V. That the Donations and Subscriptions be received at all the Banks in Carlisle and in the County, and by all the Gentlemen of the Committee.

VI. That the Resolutions, and a list of Donations and Annual Subscriptions, be published in the Carlisle and Whitehaven newspapers.

JOHN DIXON.

The Chairman having left the Chair,

It was Resolved—

That the thanks of the Meeting be given to the Chairman, for his proper conduct in the Chair.

At the conclusion of the Meeting, the following Donations were made towards the outfit of the Infirmary, and paying off the debt against the Institution:—

Mrs. Simpson and Miss Hodgson, Carlisle...	...	£50	0	0
William Hodgson, Esq. Bowness	...	25	0	0
John Dixon, Esq. Knells	...	50	0	0
Joseph Ferguson, Esq. Fisher Street, Carlisle	...	50	0	0
The Right Hon. Sir J. R. G. Graham, Bart.				
M.P. Netherby	...	10	0	0
The Rev. Wm. Graham, Arthuret	...	5	0	0
Dr. Barnes, Carlisle	...	5	0	0
Mr. Thurnam, do.	...	5	0	0
Thomas H. Graham, Esq. Edmond Castle	...	10	0	0
Mr. Sheffield, Carlisle	...	5	0	0
The Rev. W. Fletcher, Dalston	...	5	0	0
William Nanson, Esq. Carlisle	...	10	0	0

REPORT.

SEVERAL years having elapsed since the Infirmary was commenced, it may not be improper for the Committee, in the present Report, to state briefly some of the principal proceedings that took place for the purpose of establishing the Institution.

A very general feeling having been expressed of the great want of a Public Infirmary, in the County of Cumberland, and bequests and donations amounting to £4,000 and upwards, having been contributed towards the promotion of this desirable Charity, a Public Meeting was held on the 24th of August, 1829, at the Town Hall, Carlisle, for considering the expediency of establishing an Infirmary, at which Meeting the Right Hon. the Earl of Lonsdale presided. A Committee was appointed for the purpose of ascertaining what further means could be obtained for the promotion of so desirable an object, and for making arrangements respecting the site and plan of the Building.

On the 18th June, 1830, a General Meeting of the benefactors and subscribers was held at Wigton, the Lord Bishop of Carlisle in the chair. At this Meeting, it was resolved, that a site be purchased for erecting a Public Infirmary in the County of Cumberland, and that the land situate near Caldcoats, Carlisle, offered to be

sold by the Rev. T. Joliffe, and which had been approved by the Committee as a very eligible site, should be purchased on the terms proposed. The Earl of Lonsdale, Sir J. R. G. Graham, Bart. the Rev. Sir C. J. Musgrave, Bart. and Sir Wilfrid Lawson, Bart. were appointed Trustees to the Institution. The secretary was directed to cause an advertisement to be inserted in the newspapers, for elevation and working plans, specification and estimates, for the Building. Soon after the insertion of the advertisement, nineteen architects sent about thirty plans for the inspection of the Committee.

At a General Meeting of the benefactors and subscribers held at the Town Hall, Carlisle, on the 15th May, 1830, Sir Wilfrid Lawson in the chair; it was resolved, that the plan submitted by Mr. Tattersall, being considered the best, should be adopted, subject to certain alterations, and a sub-Committee was appointed for examining the plan with reference to the alterations required. After mature deliberation and examination of the plan, several alterations in the internal arrangement were suggested, and a few additions made.

On the 26th June, 1830, the working plans and specifications having been prepared, the Committee advertised for tenders for the erection of the Building, and eight tenders were afterwards received from persons desirous of obtaining the contract. On the 17th August, another General Meeting of the benefactors and subscribers took place, the Lord Bishop of Carlisle in the chair. A Report of the Committee was read by the Chairman, and adopted. In this Report, it is stated,

that Messrs. Robinson and Bennett were declared the Contractors, at the sum of £4,655, if the stone could be procured from Shalk Quarries, and an additional sum of £75, in case it should be necessary to procure the stone elsewhere, and to complete the whole fabric on or before the 13th May, 1832. A sub-Committee was appointed for entering into the contract with, and superintending its execution by, Messrs. Robinson and Bennett, and the Architect was engaged to direct the execution of his plans.

On the 22nd July, 1830, articles of agreement were made and entered into between Messrs. Robinson and Bennett and the Building Committee, for the erection and completion of the Building, according to the drawings and specifications prepared by Mr. Tattersall, for the two sums above-mentioned.

The Works were commenced soon after the signing of the contract, and Mr. Whipp was appointed clerk of the Works. The foundation stone was laid by Sir J. R. G. Graham, Bart., M.P. principal Grand Master of Cumberland, assisted by the Masonic Lodges in this province, October 1st, 1830.

It was soon observed by the Building Committee, that the Contractors wished to set aside the contract, and to be paid for the Building by admeasurement and valuation; but as the Works were of a public nature, were let by tender, and the contract had been made as binding as it was possible to make such an instrument, the Building Committee did not feel themselves justified in departing from it. So early as September 13th, 1830, the Works were suspended in consequence of a dispute respecting the stones for the foundations, and the Con-

tractors had recourse to a legal adviser, to aid and assist them. Shalk Quarries not yielding stone of the size required by the specifications for the portico and pilasters, and proper exertions not having been made to obtain it from Howrigg, where it is of the same price as at Shalk, the Contractors procured the large stones for them, from Parkspring Quarries, in Yorkshire; although there is every reason to believe that stone might have been procured at Howrigg, if due diligence had been used. The Building Committee were sorry that the Contractors should have gone to so great a distance, as they would be losers upon that part of the contract.

In consequence of there being great difficulty in obtaining blocks of stone sufficiently large for the portico, and for the pilasters of the principal and end fronts, the Building Committee consented to reduce their size, in order to meet the difficulty. The Committee had reserved to themselves the power of making alterations or additions to the several works as they proceeded, without invalidating the contract—the value of such alterations and additions to be ascertained by the Architect, whose decision in all disputed matters should be final and conclusive. The main object of the Building Committee was to have the Infirmary built in a substantial and workman-like manner, and in many instances they favoured the Contractors, without, as they hoped, doing any injury to the Building. The following are among the concessions that were made to the Contractors:—The pilasters are each built in eight stones instead of six; the columns are each built in eight stones instead of three or five, as the Architect might require; the

whole of the architrave of the entablature round the Building is built in two courses in height instead of one ; the whole of the principal cornice is built in two courses instead of being in one stone in depth ; the base at the back of the Building is in three courses instead of two ; the facia under the coping, at the back of the Building, is in two courses instead of one ; the whole of the principal staircase and the landings to the same, as well as the landings to each of the back staircases, are constructed of Shalk stone instead of Lazonby stone—the latter is more costly than the former, and the workmanship doubly expensive. Brick arching was specified, but stone landings were permitted to be used, which were much cheaper. Another important saving to the Contractors was, in permitting the whole of the flues and vents throughout the Building to be built with stone, instead of purpose-made circular bricks as specified. The amount of these and other concessions would be no trivial sum, yet the Building Committee neither sought nor received a set-off or equivalent for any one of them.

After much contention with the Contractors, the Building was completed on the 8th November, 1832, on which day the Architect and Contractors met the Building Committee at the Infirmary. The Architect certified that the Building had been completed to his satisfaction, and the Building Committee requested the Contractors to give in their account, in order that it might be examined and paid. The Contractors replied that they were not prepared with their account, and requested to be paid upon a survey and estimate of the Work. The

Building Committee declined acceding to this request, and took possession of the Building.

In March, 1833, the Contractors brought an action against the Building Committee for alterations and additions, over and above the said sums of £4,655 and £75. The damages were laid at £7,000.

A Meeting of the General Committee was convened, before whom the Building Committee made a Report of their proceedings, and it was unanimously resolved, that the Building Committee had acted discretely, and were fully justified in resisting the claims of the Contractors. No further steps were taken in the action until January, 1834, when the Contractors declared and delivered general particulars of their demand without reference to the contract, by which they claimed £1,816 : 1 : 6d. beyond the sum contracted for. About the same time they made an application to the Court, to change the venue to Lancaster, on the ground that many of the subscribers to the establishment of the Infirmary were persons of great influence in the County, and the Contractors being strangers, they could not have a fair trial. The Court, however, refused the application. These circumstances were laid before the General Committee on the 27th January, 1834, and a resolution was unanimously passed, that the proceedings of the Building Committee, so far as regarded the action, should be confirmed, and that they should continue to defend it.

On the 17th March, 1834, a General Meeting of the benefactors and subscribers was held, when it was unanimously resolved, that the thanks of the Meeting should

be given to the Building Committee for their services, and that their proceedings be approved of. A further resolution was passed, that the Contractors should deliver in a detailed account of their claims for extra work beyond the contract price, and that such account should be submitted to the Architect, Mr. Tattersall, for his opinion and Report thereon, and be recommended to the Building Committee, if necessary, to adopt some mode of settlement of the account, by reference or otherwise; this arrangement to be without prejudice to either party. The last resolution, in the course of a few months, produced the detailed account required, showing the Contractors' claim to amount to £1,287 : 3 : 0 $\frac{3}{4}$ d. the sum they afterwards sought to recover. The account having been referred to Mr. Tattersall, he made his Report, which was laid before the General Committee on the 12th November. From this Report, it appeared that the Contractors were only entitled to £87 : 2 : 9d. for extra work, and it was resolved that no reference to arbitration of the action should be made. With respect to the conduct of Mr. Tattersall and Mr. Whipp, the Committee expressed their approbation, and stated they had performed their arduous duties with ability and diligence, and also with great credit and impartiality.

It is much to be regretted that the public should have been deprived so long of the benefit of the Institution by this litigation, and the General Committee are anxious that the case should be thoroughly understood, in order that the subscribers and the public may form a correct judgment upon the matter. On the Contractors' attorney intimating that they would not be unwilling to

compromise, the Committee, without prejudice to the cause, offered them £200, being the whole of the funds remaining in hand, previous to the payment of the £100 into Court, in order to avoid the trouble and expense of a trial. The Contractors declined the offer, and proceeded with the action. The Building Committee paid into Court £100 to cover the alterations and additions, and £21 for extras not within the contract. The action was brought into Court at the Summer Assizes, 1835, before Lord Abinger, and on the urgent recommendation of his Lordship, the parties agreed to a reference. The cause was referred to Mr. Milner, a Barrister and Recorder of Leeds, who examined witnesses at Liverpool, and heard counsel on both sides, and died some time in 1837, without having made his award. In November, 1837, it was referred to Mr. Wightman, now Judge Wightman, who made his award at the last Summer Assizes, to the following effect:—That a verdict be entered for the defendants upon five of the issues, and for the plaintiffs on two issues; as to one of the latter, that the plaintiffs were entitled to £27 : 15 : 7½d. over and above the sum of £21 paid into Court. Each party to pay their own costs of the reference, and each one-half the costs of the award. By the terms of the reference, the costs of the action were to abide the event of the award, and the sum of £117 : 8 : 5d. has been ascertained by the proper officer of the Court, to be the balance of the taxed costs payable by the defendants to the plaintiffs, after deducting the taxed costs due from the latter to the former.

In pursuance of a resolution of the General Committee,

passed at a Meeting held on the 29th of January, 1831, that the powers of the Building Committee be extended to do all such acts as may be necessary for completing the Building and laying out the grounds in a proper manner, notwithstanding the same may not come within the provisions of the contract entered into by Messrs. Bennett and Robinson ; the Building Committee caused to be made a good road to the Infirmary, a drain to carry the water and soil from the building, a culvert over the brook at the bottom of the field, a well and forcing-pump to supply the Infirmary with water, an ash-pit, and other conveniences. The Building Committee, at the recommendation of the Architect, engaged Messrs. Walker to put up apparatus for warming the corridors, for cooking and heating the rooms, for drying clothes, and two baths ; which apparatus, they believe, will effect a great saving in fuel. The Building Committee have also purchased some fixtures and a few articles of furniture for the Building, all of which met with the approbation of the General Committee.

The General Committee regret to state that some of the legatees under the late Mr. Blow's will, refuse to allow the executors to pay over the legacy of £500 bequeathed by him to this Institution, alleging that the bequest falls within the statute of mortmain, and is consequently void. The Committee have also to regret that the Infirmary has lost several donations and bequests, in consequence of the delay that has taken place in opening the Institution. The late Captain Halton bequeathed £100 to the Infirmary, on condition of its being opened for the reception of patients within twelve

months after his decease, which took place January 28th, 1837. The Committee were fully aware, that the extraordinary delay which had occurred in the settlement of the question was extremely detrimental to the interests of the Institution as well as to the public, and they repeatedly urged the arbitrators to decide the case without further procrastination. The Committee were also very anxious to bring the matter to an amicable termination; and on the death of the arbitrator, Mr. Milner, they made two more attempts to effect a compromise, but without success.

The General Committee beg to draw the attention of the subscribers to the necessity of immediately furnishing the House, and of properly enclosing the field in which the Infirmary is situated. For the latter purpose £182, were subscribed, and £135, paid into the hands of Messrs. Forster, Bankers, and dividends upon that sum, amounting to £82 : 4s. have been received from their assignees.

The Committee, with the sanction and approbation of the benefactors and subscribers, at a General Meeting held at the Town Hall, Carlisle, June 25, 1836, have sold one rood thirty-seven perches of land to the Canal Company, at the rate of £500 per acre. This portion of ground was not required for the use of the Infirmary, and was a part of the field which was bought by the Committee at the price of £200 per acre. The Committee also stipulated, that the Canal Company should make and maintain a road from the Newtown road to the Canal, along the side of the north-east fence of the field in which the Infirmary stands, which road will prevent

any building that might prove a nuisance to the Institution from being erected near it.

The Committee have also great pleasure in reporting, that the Infirmary is well and substantially built, and in good order. As soon as the Building was completed, they effected an insurance upon it against fire, and engaged a person who should reside on the premises, to take care of it, to open the windows and ventilate it, to light fires, and occasionally use the apparatus for warming the corridors, &c. At very little cost, the Infirmary may be made ready for the reception of patients in a few days. The Committee confidently trust, that means will not be wanting to carry out this great work of charity, and that the same benevolent spirit which has called the Building into existence, will maintain and support it in a state of efficiency and usefulness.

Abstract of Cash Account, from the Commencement of the Undertaking to the 25th March, 1841.

RECEIPTS.		PAYMENTS.	
	£ s. d.		£ s. d.
Bequests by the late Thomas Parker, Esq.		Rev. Mr. Joliffe, for Purchase of Land ...	793 15 0
Warwick Hall	1,000 0 0	Messrs. Robinson and Bennett, the Con- tractors, for Erecting the Building...	4,878 15 11
Benefactions and Subscriptions	6,208 8 0	Fittings, Furniture, &c.	680 12 2
Donations towards Enclosing the Ground ...	135 0 0	Draining, Tiles, Culvert, and Labour ...	529 13 8
Penalties	3 5 0	Inspector of Building	345 11 2
Interest on Bank Account	546 3 6	Plans, Specification, and Survey	222 3 6
Purchase Money for Ground Sold to the Canal Company	240 12 6	Incidentals	163 17 5
Rent and Grass of Field	23 0 5	Stationery, Advertising, and Printing ...	68 12 3
		Loss on Balance in the hands of Messrs. Forster & Co.	19 1 5
Balance	£8,156 9 5	Law Expenses of the Committee	536 15 0
		Balance of Taxed Costs paid to the Solicitor for the Contractors	117 8 5
			£8,356 5 11

Examined and found Correct,

CARLISLE, April 7, 1841.

JOHN NELSON.

ERRATA.

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